

# ENROLMENT FORM AND LEARNING AGREEMENT 2018/2019



Learner ID:

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Please complete in BLOCK CAPITALS

## SECTION 1 – Your personal details

Ms/Miss/Mrs/Mr/Mx	Male/Female/Transgender/Prefer not to say
First Names:	Prefer to self describe/
Family Name/Surname:	
Address:	
	<b>National Insurance number:</b>
	Please tick to opt in to sharing your participation and achievement data. <input type="checkbox"/>
	<b>Date of Birth:</b> DD / MM / YYYY
Postcode:	<b>Email:</b>
Telephone Number:	

## Emergency contact - (This should be someone aged over 18)

Name	Relationship	Contact Number

## Course(s) that you wish to enrol on

Course	Course code	Course Title	Fee Payable
Course 1			£ . p
Course 2			£ . p
Course 3			£ . p
Course 4			£ . p
<b>Total:</b>			FOR OFFICE USE ONLY

## For Family Learning Courses Only

Name of child	Date of Birth	Learner ID

## Your Residential Status

### Passport and Visa

(must be the passport currently used for stay in the UK)

What is your nationality (as indicated on your passport)?

If you are not British or from the EU, what type of visa do you have?

Valid until

Date of Arrival in Europe ( if non-European passport)

### ESFA Eligibility (one must apply)

- 08  Resident in the EEA for 3 years (not for educational purposes) or the spouse of a UK or EU citizen who has been resident in the EEA for 3 years.
- 14  Refugee Status, Discretionary Leave to Enter/Remain, Exceptional Leave to Enter/Remain, Indefinite Leave to Enter/Remain, Humanitarian Protection.
- 14  An asylum seeker meeting one of the following conditions: in the UK more than six months, in the care of the local authority, granted support under section 4 of the Immigration and Asylum Act 1999 or awaiting the results of an appeal made over six months ago.

Eligible for ESFA funded courses:  Yes  No

Evidence seen: Yes  No

PRINT NAME

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## SECTION 2 - Employability and Household Income

<b>What is your current employment status?</b> 10 <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> 0-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 12+ months <input type="checkbox"/> 12+ months 11 <input type="checkbox"/> Unemployed seeking work 12 <input type="checkbox"/> Unemployed not seeking work 10 <input type="checkbox"/> Self Employed PN <input type="checkbox"/> Prefer not to say	<b>If employed how many hours?</b> <input type="checkbox"/> Under 16 hours <input type="checkbox"/> 16-19 hours <input type="checkbox"/> 20+ hours	<b>If unemployed, how long have you been unemployed?</b> 01 <input type="checkbox"/> less than 6 months 02 <input type="checkbox"/> 6 - 11 months 03 <input type="checkbox"/> 12 - 23 months 04 <input type="checkbox"/> 24 - 35 months 05 <input type="checkbox"/> Over 36 months	<b>What is your benefit status?</b> 01 <input type="checkbox"/> Job Seekers 02 <input type="checkbox"/> ESA – Work Related 03 <input type="checkbox"/> Other benefit 04 <input type="checkbox"/> Universal credit
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### What is your current household income?

£0-£15,050  £15,051 - £25,000  £25,001 - £35,000  £35,001 - £45,000  £45,001 - £50,000  £50,000 plus

### Household Employment Statement

Please tick which of the following statements apply (one or more may apply):

- 02  No member of the household in which I live (including myself) is employed  
02  The household that I live in includes only one adult (aged 18 or over)  
01  There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household  
99  None of these statements apply  
Or  
98  I confirm that I wish to withhold this information

Learner signature

Date

## SECTION 3 - Your Ethnic Origin, Faith and Sexuality

<b>Which of the following best describes your ethnic origin?</b> (please tick box) 31 <input type="checkbox"/> White - British / Scottish / Welsh / English / Northern Irish 32 <input type="checkbox"/> White - Irish 33 <input type="checkbox"/> White - Gypsy or Irish Traveller 34 <input type="checkbox"/> White - Other 35 <input type="checkbox"/> Mixed - White & Black Caribbean 36 <input type="checkbox"/> Mixed - White & Black African 37 <input type="checkbox"/> Mixed - White & Asian 38 <input type="checkbox"/> Mixed - Other 39 <input type="checkbox"/> Asian or Asian British - Indian 40 <input type="checkbox"/> Asian or Asian British - Pakistani 41 <input type="checkbox"/> Asian or Asian British - Bangladeshi 42 <input type="checkbox"/> Chinese 43 <input type="checkbox"/> Asian or Asian British - Other 44 <input type="checkbox"/> Black or Black British - African 45 <input type="checkbox"/> Black or Black British - Caribbean 46 <input type="checkbox"/> Black or Black British - Other 47 <input type="checkbox"/> Arab 29 <input type="checkbox"/> Somali 28 <input type="checkbox"/> Vietnamese 48 <input type="checkbox"/> Any other ethnic group	<b>What is your faith?</b> (please tick box) BU <input type="checkbox"/> Buddhist CH <input type="checkbox"/> Christian HI <input type="checkbox"/> Hindu JE <input type="checkbox"/> Jewish MU <input type="checkbox"/> Muslim SI <input type="checkbox"/> Sikh NF <input type="checkbox"/> No Faith OT <input type="checkbox"/> Other PN <input type="checkbox"/> Prefer not to say  <b>What is your sexual orientation?</b> <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Prefer not to say
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## SECTION 4 - Marketing and Surveys

The ESFA values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

Tick this box if you **do wish** to be contacted by the Idea Store.

Tick this box if you **do wish** to be contacted by Education & Skills Funding Agency (ESFA) or its partners in respect of surveys and research, courses or learning opportunities.

We will need to contact you up to 12 months after your course ends to follow up on your progression.

I can be contacted by:  Post  Telephone  E-mail

**How did you hear about the course?** (Please only select one answer that best describes how you heard about the course)

01 <input type="checkbox"/> Course Guide	05 <input type="checkbox"/> Library	22 <input type="checkbox"/> Health Trainer/Professional i.e. GP
03 <input type="checkbox"/> Idea Store	12 <input type="checkbox"/> Poster/Flyer/Advert	<input type="checkbox"/> Other (Please specify):
23 <input type="checkbox"/> Internet	19 <input type="checkbox"/> Idea Store Website	_____

## SECTION 5 - Impairments and Learning Needs

No, I do not have an impairment  2

If you disclose your impairment, the Idea Store can provide support to meet your needs.

The information provided in this section will be treated in confidence and will only be shared with relevant staff. A support officer will contact you to discuss your needs.

**Do you have an impairment that you feel we need to know about?**

If so, please tick the relevant box(es)

<b>Sensory:</b>	
Sight	04 <input type="checkbox"/>
Hearing	05 <input type="checkbox"/>
Speech, Language & Communication Needs	17 <input type="checkbox"/>
<b>Physical:</b>	
Wheelchair user	06 <input type="checkbox"/>
Mobility impairment	06 <input type="checkbox"/>
Other	93 <input type="checkbox"/>
<b>Learning:</b>	
Dyslexia	12 <input type="checkbox"/>
Dyscalculia	13 <input type="checkbox"/>
Autism Spectrum Disorder	14 <input type="checkbox"/>
Moderate learning difficulties	10 <input type="checkbox"/>
Other	96 <input type="checkbox"/>

<b>Medical condition:</b>	
Asthma	95 <input type="checkbox"/>
Epilepsy	95 <input type="checkbox"/>
Diabetes	95 <input type="checkbox"/>
Aspergers Syndrome	15 <input type="checkbox"/>
Profound Complex Difficulties	07 <input type="checkbox"/>
Other Disabilities	97 <input type="checkbox"/>
Temporary impairment after illness - please specify:	16 <input type="checkbox"/>
Prefer not to say	98 <input type="checkbox"/>
<b>Mental health</b>	
Mental health issues	09 <input type="checkbox"/>
Emotional behavioural difficulties	08 <input type="checkbox"/>

## SECTION 6 – Please tell us the level of qualifications you already hold. Please tick all the boxes that apply

<input type="checkbox"/> No qualification	99
<input type="checkbox"/> Any entry level qualification	09
<input type="checkbox"/> Level 1 More than 1 GCSE/GCE/CSE/O Level (grades D-G or fewer than 5 at grade A-C)	01
<input type="checkbox"/> Level 2 5 or more GCSE/CSE/O Level (Grades A-C)	02
<input type="checkbox"/> Level 3 2 or more A Levels	03
<input type="checkbox"/> Level 4 Teaching qualifications (including PGCE)	10
<input type="checkbox"/> Level 5 Degree/HND/Masters	11

## SECTION 7 - Payment for your course

**If you are applying for a fee concession**

Please tick the box to indicate the reason for your request for fee concession.

■ Please see page 9 in the course guide which will tell you what evidence you need to bring with you when enrolling.

Receiving Job Seekers Allowance (JSA), Employment Support Allowance (ESA), Universal Credit, Work Related Activity Group (WRAG).	First Full Level 2 19-23 years only	First Full Level 3 19-23 years only	State Pension	Income Support and actively seeking employment.	Loans Level 3 All Ages	Employed with a gross income under £17,000 (U17K)	Idea Store Friends & Carer Member
<input type="checkbox"/> 15	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 23	<input type="checkbox"/> 04	<input type="checkbox"/> LST	<input type="checkbox"/> 10	<input type="checkbox"/> 10

■ Please sign Concession declaration below if you have ticked any of the first four boxes.

**Concession declaration** Please tick all the boxes that apply to you

- I declare that I DO NOT already have a **full level 2** qualification or higher and I am under 24 years old
- I declare that I DO NOT already have a **full level 3** qualification or higher and I am under 24 years old
- I declare that I am receiving an income related benefit and actively seeking employment

Learner signature

Date

**If your employer, community group or other organisation is paying, they will be your sponsor**

Is your sponsor paying your fees for you? Yes  No

There are no concession entitlements, sponsors will be invoiced at the standard fee

Please provide a letter confirming your sponsor is paying your fees and complete the details below.

Name of sponsor  Phone Number

Address

Postcode

■ If your sponsor does not pay your fees, you will become liable for any outstanding balance regardless of whether you complete the course.

## SECTION 8 - Learning Agreement

Please tick boxes to confirm that you have read and understand each statement

If you have any questions about this agreement or any part of the enrolment form, please ask for help.

- 1) I declare that the information I have given is, to the best of my knowledge, complete and correct.
- 2) I agree to follow the Idea Store Learning rules (see Learner Handbook).
- 3) I confirm that I have received advice and guidance about my course. This has included information on entry requirements, my choice of learning programme, an assessment of my suitability for the course, an assessment for Additional Learning Support and any further guidance (e.g. about child care and exams) as necessary (where appropriate).
- 4) I confirm that I have no outstanding debt to the Idea Store.
- 5) I agree that I am committed to pay any instalments agreed on any instalment plan I have signed regardless of whether or not I complete the course.
- 6) I understand that refunds will only be issued in exceptional circumstances in line with the Idea Store refund policy (available on request).
- 7) I agree that if any sponsor named on this form fails to pay any part of my fees, I will become immediately liable for the outstanding balance.
- 8) I undertake to inform the Idea Store of any change to my benefit status that could affect my eligibility for fee remission.
- 9) I confirm that I will attend classes regularly, complete assignments within agreed time limits and take any examinations that are part of my learning programme.

## Data Protection Statement and Privacy Notice

### How We Use Your Personal Information

The London Borough of Tower Hamlets is registered with the Information Commissioners Office (ICO). We will keep your data, (enrolment forms, registers, individual learning plans, assessments and examination results) for a maximum of 6 years in line with our retention schedule and to meet the requirements of our funding providers, The Education and Skills Funding Agency (ESFA).

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR).

Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how the change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

You will also be contacted by Idea Store Learning after you have completed your learning programme to gather data on learner destination. As a condition of funding we are required to collect this data so the

ESFA can find out how the provision is contributing to the future success of learners.

We process your data in accordance with the General Data Protection Regulation (GDPR) and UK privacy legislation. If you have any concerns the Council's Data Protection Officer can be contacted at [DPO@towerhamlets.gov.uk](mailto:DPO@towerhamlets.gov.uk)

You can agree to be contacted for other purposes by ticking any of the boxes in section 4 Marketing and Surveys of this form. You have the right to have any incorrect data amended and the right to withdraw consent at any time.

LBTH will never pass your details onto private companies. However, we may from time to time send you information about reduced rate promotions, events, courses, or improvements to the services such as enrolments.

Further information related to how Idea Store Learning will process your data can be found at:

<https://www.ideastore.co.uk/Legal>

## Learner Declaration Statement

I confirm that all details on this form are to the best of my knowledge true and accurate. I accept that Idea Store Learning has a NO REFUND POLICY except where the Idea Store closes a course. I understand that it is my responsibility to notify the Idea Store of my reasons for absence, and that if I miss 4 classes in a row I will be withdrawn from the course and not qualify for a refund.

Learner Signature:

Date:

## If the learner is paying by instalments (Single course over £200 only)

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First Payment £

Final Payment £

Original evidence of eligibility seen and checked (Less than 3 months old):

- Proof of benefit  
 Proof of address  
 Birth certificate  
 ID card  
 Passport  
 Visa  
 Resident Card

Payment Method:  Cash  Credit Card  Debit Card  Sponsor Invoice

Total amount paid: £

Receipt No:

PRINT NAME:

Enrolling Officer 1:

Store/Team:

Date:

Enrolling Officer 2:

Store/Team:

Date: