

Adult, Community & Family Learning

Learner Enrolment Form

Blackpool Council

Funded by **Skills Funding Agency**

Receipt CIS Tracker Official Use MIS

Please complete in BLOCK CAPITALS

If you need any help completing the enrolment form please ring:
01253 478131 / 478032

Unique Learner Number (if known):

Please Ms Miss Mrs Mr Other (please state)

First Name(s):

Surname:

Date of birth: Male Female

Home Address:

Post Code:

Tel No: Mobile No:

Email Address:

Have you been a permanent resident in England for the last three years?

Please Yes No

If 'No' please state the name of the country where you were resident -

Course you are enrolling on:

Course Code: Venue:

Start date: Start time:

Please your ethnic origin:

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any Other White
- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed

Asian

- Indian Pakistani
- Bangladeshi Chinese
- Any Other Asian

Black

- African Caribbean
- Any Other Black

Other ethnic group

- Arab
- Any other ethnic group

Please Do you consider yourself to have a long term disability, health problem or any learning difficulties? Yes No

If 'Yes' **please** the appropriate:

Disabilities and health problems

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition (for example epilepsy, asthma, diabetes)
- Emotional/behavioural difficulties
- Mental health difficulty
- Temporary disability after illness (for example post-viral) or accident
- Profound complex disabilities
- Asperger syndrome
- Multiple disabilities
- Other

Learning difficulties

- Moderate learning difficulty
 - Severe learning difficulty
 - Dyslexia
 - Dyscalculia
 - Other specific learning difficulty
 - Autism spectrum disorder
 - Multiple learning difficulties
 - Other (please state)
-

Please ✓ this box if you would like to speak to someone in confidence to discuss any disability, or issues that may affect your learning

Please ✓ if you need additional support with -
 English Maths
 Special Equipment Other (please state) _____

What is your existing Qualification level?

No qualifications Other qualification, level not known Entry Level

Level 1 (5 or more GCSE/O levels at grades D-G or fewer than 5 at grades A-C; 1 AS level)

Level 2 (5 or more GCSE/O levels at grades A-C; 5 or more CSE grade 1; 1 A level; 2/3 AS levels)

Level 3 (2 or more A level passes; 4 or more AS levels)

Level 4 (first degree; HNC; HND; NVQ level 4)

Where did you find out about your course?

<input type="checkbox"/> Leaflet or brochure delivered to your home	<input type="checkbox"/> Doctor, health centre or local community group
<input type="checkbox"/> Brochure or poster at local library	<input type="checkbox"/> Open day
<input type="checkbox"/> You've learnt with us before	<input type="checkbox"/> Radio advertisement
<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Adult Learning website	

Please ✓ and enclose the proof of benefit, which you receive

Income Support Carers Allowance Pension Credit
 Housing Benefit Jobseekers Allowance Working Tax Credit
 Council Tax Benefit
 Employment Support Allowance in the Work Related Activity Group

Please note that a registration fee is required

Proof of Benefit evidence seen by (please initial) _____

Learner Confirmation

I can confirm that the details on this learner enrolment form are correct, and I will inform the Adult, Community & Family Learning Team if any details change.

Learner Signature: _____ **Date:** _____

Payment Details:

Amount: £ _____ Payment Method: Cheque Cash Card

Cheque No: (Cheque's should be made payable to 'Blackpool Council')

Name of card holder: _____

Card Number:

Expiry Date: / Issue Date: / (if applicable)

Security Code: (last 3 digits on reverse of card) Issue No: (if applicable)

Signature of Cardholder: _____ **Date:** _____

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> & <http://www.learningrecordservice.org.uk/privacy-copyright.htm>

Tick the box if you do not wish to be contacted about surveys and research by: mail, phone, post.

Tick the box if you do not wish to be contacted about courses or learning opportunities by: mail, phone, post.

Please tick here if you do not wish to be filmed or photographed