

REFERENCE:

SUB CONTRACTOR: (Name or stamp)



2011-2012 Student Enrolment & Learning Agreement Form

Please complete all relevant sections of this form in **BLOCK CAPITALS** (tick where appropriate). Consult course guidelines and outlines before completing this form

1. Personal Details

Title:	Mrs / Miss / Ms / Mr / Dr / Rev / Sir / Prof	DOB:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname:	<input type="text"/>	ULN No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Forename(s):	<input type="text"/>	N.I. No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Correspondence Address:	Surname at Birth:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Car Reg:
<input type="text"/>	<input type="text"/>
Post Code:	Emergency Contact Details
Time at Current Address: Years Months	Name:
Tel No:	Tel No:
Mobile:	Relationship:
E-mail:	Name:
	Tel No:
	Relationship:

Nationality:	<input type="text"/>	If NO , for purposes other than Full Time education have you lived in the European Economic Area for the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
For purposes other than education have you lived in England for the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you attended a course at Craven College before? <input type="checkbox"/> YES <input type="checkbox"/> NO	

2. Equal Opportunities Information: (Providing this information does not in any way affect your place on a course)

If you require help with access to the College or your learning, please speak to a member of the reception staff.	Do you consider yourself to have learning difficulties? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES tick below)
Do you consider yourself to have a disability? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES tick below)	<input type="checkbox"/> Moderate learning difficulties (01)
<input type="checkbox"/> Visual impairment (01)	<input type="checkbox"/> Severe learning difficulties (02)
<input type="checkbox"/> Disability affecting mobility (03)	<input type="checkbox"/> Dyslexia (10)
<input type="checkbox"/> Other medical condition (05)	<input type="checkbox"/> Dyscalculia (11)
<input type="checkbox"/> Mental Health Difficulty (07)	<input type="checkbox"/> Other specific difficulty (19)
<input type="checkbox"/> Profound/complex disabilities (09)	<input type="checkbox"/> Autism Spectrum Disorder (20)
<input type="checkbox"/> Multiple disabilities (90)	<input type="checkbox"/> Multiple difficulties (90)
<input type="checkbox"/> Hearing impairment (02)	<input type="checkbox"/> Other (97)
<input type="checkbox"/> Other physical disability (04)	
<input type="checkbox"/> Emotional/behavioural difficulties (06)	
<input type="checkbox"/> Temporary disability (eg accident) (08)	
<input type="checkbox"/> Aspergers Syndrome (10)	
<input type="checkbox"/> Other (97)	

Ethnic Origin (please tick below)		
Asian or Asian British	<input type="checkbox"/> Bangladeshi (41)	<input type="checkbox"/> Chinese (42)
	<input type="checkbox"/> Indian (39)	<input type="checkbox"/> Arab (47)
	<input type="checkbox"/> Pakistani (40)	<input type="checkbox"/> Any Other (98)
	<input type="checkbox"/> Other Asian background (43)	<input type="checkbox"/> Not Known / Prefer not to say (99)
Black or Black British	<input type="checkbox"/> African (44)	
	<input type="checkbox"/> Caribbean (45)	
	<input type="checkbox"/> Other Black background (46)	
Mixed	<input type="checkbox"/> White & Asian (37)	
	<input type="checkbox"/> White & Black African (36)	
	<input type="checkbox"/> White & Black Caribbean (35)	
	<input type="checkbox"/> Other Mixed background (38)	
White	<input type="checkbox"/> British (31)	
	<input type="checkbox"/> Irish (32)	
	<input type="checkbox"/> Gypsy or Irish Traveller (33)	
	<input type="checkbox"/> Other White background (34)	

3. Highest Qualification Level Currently Held

- | | |
|---|---|
| <input type="checkbox"/> Entry Level – Word Power/Number Power | <input type="checkbox"/> Full Level 3 – 2 or more A Levels, 4 or more AS Levels, NVQ 3, AVCE, National Diploma or Certificate |
| <input type="checkbox"/> Other Qualifications – Below Level 1 | <input type="checkbox"/> Level 4 – HND, HNC, First Degree, CMS, PGCE, NVQ 4 |
| <input type="checkbox"/> Level 1 – GCSE/O Level Grades D–G (or fewer than 5 at grades A–C), GNVQ Foundation, CSE Below Grade 1, NVQ 1 | <input type="checkbox"/> Level 5 or Higher – Higher Degree, Post Graduate Qualifications |
| <input type="checkbox"/> Full Level 2 – 5 or more GCSE/O level grades A–C, 5 or more CSE Grade 1, NVQ 2, GNVQ Intermediate, 1st Diploma | <input type="checkbox"/> Other Qualification (Level Unknown) |

Previous School (full-time learners only):

4. First full Level 2/3 Qualifications – Entitlement to tuition fee remission

You may be eligible for a reduction in course fees if your chosen programme of study results in you achieving a recognised full level 2/3 qualification. Please speak to our reception staff for further details. I understand that if I have declared false information the College may take action against me to reclaim the tuition fees and any support costs due.

I declare that I do not already have a: Full Level 2 qualification or above Full Level 3 qualification or above

PLEASE ENSURE YOU HAVE COMPLETED SECTION THREE ABOVE

5a. Employment Status Day Before Starting Learning

What will your employment status be on the first day of your course?

- | | |
|--|--|
| <input type="checkbox"/> Employed full-time (06) | <input type="checkbox"/> Not employed – reasons other than redundancy (16) |
| <input type="checkbox"/> Employed part-time (07) | <input type="checkbox"/> Not employed – economically inactive (17) |
| <input type="checkbox"/> Self Employed (90) | <input type="checkbox"/> Not known (98) |
| <input type="checkbox"/> Unemployed – through redundancy Complete section 5c (10) | |

5b. Employer Details

If your employer is paying all or part of your fees please complete this section

(A letter of proof will be required from your employer).

Employer Name:

Employer Address:

Tick here if your employer is releasing you to allow you to study on your courses (A19=1)

5c. If unemployed, what is the length of your unemployment before starting the course?

- | | |
|--|--|
| <input type="checkbox"/> Less than 6 months (01) | <input type="checkbox"/> 24 – 35 months (04) |
| <input type="checkbox"/> 6 – 11 months (02) | <input type="checkbox"/> Over 36 months (05) |
| <input type="checkbox"/> 12 – 23 months (03) | <input type="checkbox"/> Not Known/Not Provided (98) |

FOR OFFICE USE ONLY

Identity verification (third party ID)

- | | |
|--|---|
| <input type="checkbox"/> Passport (2) | <input type="checkbox"/> Cert. of Entitlement to Funding (6) |
| <input type="checkbox"/> Driving licence (3) | <input type="checkbox"/> Examination results slip/certificate |
| <input type="checkbox"/> ID card/other National ID (4) | <input type="checkbox"/> Other – specify below |
| <input type="checkbox"/> National Insurance Card (5) | |
| <input type="checkbox"/> Bank credit/debit card (7) | |

6. Declaration of Student

Initial Advice and Guidance

I confirm that as part of initial guidance, enrolment, induction and tutorial activities you:

- did identify your primary learning goals and programme of study
- met the appropriate entry requirements for this programme of study
- understood what your programme of study involved, including any fees liability and additional costs for essential equipment, awarding body fees, books and visits etc.
- were aware of the financial and/or transport support you may be entitled to
- were aware of the learning, language, and academic support which may be available to you

Rules, Regulations and Codes of Conduct

- I agree to conform to the rules, regulations and codes of conduct of the College. (For further information please see Student Handbook)
- I declare that, to the best of my knowledge, the information I have provided is correct and that should my circumstances change, including my eligibility for concessionary fees, I will notify the College immediately.
- I agree to attend regularly and punctually all courses for which I enrol and conform to the regulations of the College.
- I also agree that I am responsible for the payment of the course fees and that the fees remain payable even if I subsequently withdraw from the course unless on medical grounds or where the reason for withdrawal is directly attributable to the College. Fees not paid in full within 90 days of the invoice date will be subject to a Late Payment Charge of 15% of the outstanding debt unless alternative payment arrangements have been agreed.
- If the wrong fees have been charged, I agree to pay the difference in the fees involved.
- I have read and understood the policy on refunds.
- I understand that the College reserves the right to change tutors, reschedule, cancel, close or combine courses if necessary.
- I agree to abide by the requirements of various Acts covering health and safety and to follow instructions issued by College staff.

Please note that detailed guidance on financial and other support, offered by Craven College, is outlined in the Student Guidance Notes which you should receive on enrolling. If you have any further questions relating to your course and its appropriateness to your needs, please approach a staff member before your course starts or during induction.

Students under 19 on the 31st August 2011 - I agree that the College can share information on my progress, attendance or any other issues which might affect my education or well being with my parents/guardian for the duration of my course. I agree that the College can share information with the LEA and IGEN service which helps them follow my progress through College and what I go on to do at the end of my course.

The College aims to provide a quality educational service for all students. The College Charter, distributed at induction, gives details of the guidance and support you can expect from the college and the commitment expected from you as a student. Your comments on the College and its service are welcomed and will be used to improve our standards.

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> and <http://www.learningrecordsservice.org.uk/>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Please indicate if there are any restrictions on how you may be contacted by ticking the relevant box(es);

- Post
 Telephone
 Email (L52 codes as indicated)
- Tick this box if you do not wish to be contacted by the SFA, YPLA, or their partners in respect of surveys and research by mail or phone. (L27 = 4)
- Tick this box if you do not wish to be contacted by the SFA, YPLA, or their partners about courses or learning opportunities by post. (L27 = 3). Where both “/” (L27 = 1)

By completing this form I agree to undertake appropriate course assessments and I give my consent for Craven College to process data held about me in compliance with the Data Protection Act 1998, and for educational purposes only. If I have any concerns regarding this data I may contact the College Data Protection Officer.

I also agree that I am responsible for the payment of the course fees and that the fees remain payable even if I subsequently withdraw from the course unless on medical grounds (doctors certificate/letter required) or where the reason for withdrawal is directly attributable to the College.

PLEASE NOTE THAT FOR YOUR COMFORT AND SAFETY CRAVEN COLLEGE OPERATES A NO SMOKING POLICY

**Student
Signature:**

Date: / /

**Staff
Signature:**

Date: / /

