

2022/23 ENROLMENT FORM

PLEASE COMPLETE **ALL** SECTIONS OF THIS FORM IN **BLOCK CAPITALS & BLACK PEN** (TICK WHERE APPROPRIATE). CONSULT COURSE GUIDELINES AND OUTLINES BEFORE COMPLETING THIS FORM.

Are you currently a full-time student at any other School, College or Training Provider? Yes No

1. Personal Details

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Preferred Pronoun <input type="text"/>	ULN No:	<input type="text"/>
First name(s):	<input type="text"/>	NI No:	<input type="text"/>
Preferred name:	<input type="text"/>	Email:	<input type="text"/>
Surname:	<input type="text"/>	Tel No:	<input type="text"/>
Surname at Birth:	<input type="text"/>	Mobile No.:	<input type="text"/>
Home Address:	<input type="text"/>	Time at current address:	Years <input type="text"/> Months <input type="text"/>
Postcode:	<input type="text"/>	Do you have any unspent criminal convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Any information you give will be confidential and will be considered only in relation to this enrolment. An unspent criminal conviction does not necessarily prevent you from enrolling.</small>
Accommodation term-time (HE only)	<input type="checkbox"/> Parent/Guardian Home (4) <input type="checkbox"/> Own Residence (7)	<input type="checkbox"/> Other rented accommodation (8) <input type="checkbox"/> Other (5)	

2. Ethnic Origin (please tick below)

White	Mixed	Asian / Asian British	Black	Other Ethnic group
<input type="checkbox"/> British/English/Welsh/Scottish/Northern Irish (31)	<input type="checkbox"/> White & Black Caribbean (35)	<input type="checkbox"/> Indian (39)	<input type="checkbox"/> African (44)	<input type="checkbox"/> Arab (47)
<input type="checkbox"/> Irish (32)	<input type="checkbox"/> White & Black African (36)	<input type="checkbox"/> Pakistani (40)	<input type="checkbox"/> Caribbean (45)	<input type="checkbox"/> Any other (98)
<input type="checkbox"/> Gypsy or Irish Traveller (33)	<input type="checkbox"/> White & Asian (37)	<input type="checkbox"/> Bangladeshi (41)	<input type="checkbox"/> Other Black background (46)	
<input type="checkbox"/> Other White background (34)	<input type="checkbox"/> Other Mixed background (38)	<input type="checkbox"/> Chinese (42)		
		<input type="checkbox"/> Other Asian background (43)		

3. Emergency Contact Details (Please provide 2 contacts)

Name:	<input type="text"/>	Name:	<input type="text"/>
Tel No:	<input type="text"/>	Tel No:	<input type="text"/>
Relationship to you:	<input type="text"/>	Relationship to you:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

4. Residency Status

Nationality:	<input type="text"/>	Non-EEA (Please confirm your residency status)	
Country of Residence:	<input type="text"/>	<input type="checkbox"/> Asylum Seeker (6 month residency)	<input type="checkbox"/> Family Member Visa or Legal EU/EEA Citizen
Have you lived in the UK/EEA for the last 3 Years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Humanitarian Protection*	<input type="checkbox"/> Ukraine Vias Scheme
Pre-settled/Settled Status held (EEA nationals)	Settled <input type="checkbox"/> Pre-Settled <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Discretionary Leave to Enter/Remain*	<input type="checkbox"/> Indefinite Leave or Enter or Remain*
Pre-settled/Settled Status date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Afghan Relocation Scheme	<input type="checkbox"/> Work Visa
Date of Entry to UK: (non-UK residents)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Exceptional Leave or Enter or Remain*	<input type="checkbox"/> Refugee*
		<input type="checkbox"/> Stateless Leave (3 year residence required)	<input type="checkbox"/> Husband/wife/civil partner/child of any of the above marked with *
		* Exempt from 3 year Residency rules - documentation must be sighted to validate status	

Evidence seen: Expiry Date: / / Checked by:

5. Support / Education details

Are you a young carer? Yes No Are you a young parent? Yes No Are you living in care or classed as a care leaver? Yes No

Previous School/College (16-18 only) Year of leaving:

6. ID check - Identity verification (third party ID) ID Must be seen prior to enrolment			ID Choked?
<input type="checkbox"/> Passport (2)	<input type="checkbox"/> National Insurance card (5)	<input type="checkbox"/> Examination results slip/certificate (999)	Initials:
<input type="checkbox"/> Driving Licence (3)	<input type="checkbox"/> Cert. of Entitlement to Funding (6)	<input type="checkbox"/> Returning Student known to College (1)	
<input type="checkbox"/> ID card/other National ID (4)	<input type="checkbox"/> Bank credit/debit card (7)	<input type="checkbox"/> Other	

7. Household Situation (Please tick one)

<input type="checkbox"/> No household member is in employment and the household includes one or more dependent children (01)	<input type="checkbox"/> Learner lives in a single adult household with dependent children (03)
<input type="checkbox"/> No household member is in employment and the household does not include any dependent children (02)	<input type="checkbox"/> Prefer not to say (98)
	<input type="checkbox"/> Not applicable (99)

8. Primary Health Problems (Providing this information does not in any way affect your place on a course. We may be able to offer you extra support).

Do you consider yourself to have a learning difficulty and/or disability? No Yes If yes, please tick all that apply:

<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Social Emotional Difficulties	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Speech, Language & Communication Needs	<input type="checkbox"/> Other Medical Condition (e.g. epilepsy, asthma, diabetes)
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Mental Health Difficulty	<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Other Physical Disability	<input type="checkbox"/> Other Learning Difficulty
<input type="checkbox"/> Disability Affecting Mobility	<input type="checkbox"/> Moderate Learning Difficulty	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Other Specific Learning Difficulty (e.g. Dyspraxia)	<input type="checkbox"/> Other Disability
<input type="checkbox"/> Profound Complex Disabilities	<input type="checkbox"/> Severe Learning Difficulty	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Temporary Disability	

What do you consider your primary condition to be?

Do you have an EHCP (Education Health Plan)? Yes No Do you need any support for your Special Educational Needs or Health problems? Yes No

Do you have any medical conditions? (e.g. Asthma) Yes No If yes, please state:

9. Prior Attainment - Our prior attainment will be checked against the information held in your personal learning record (PLR). If the PLR contradicts the prior attainment provided, course fees may apply.

<input type="checkbox"/> Entry Level (Entry Level quals inc. English, maths, ESOL, Digital Skills) (01)	<input type="checkbox"/> Full Level 4 (HNC, AAT L4) (07)
<input type="checkbox"/> Level 1 (GCSE grades D-G or 1-3 (or less than 5 A-C or 4-9) (02)	<input type="checkbox"/> Full Level 5 (HND, Foundation Degree) (08)
<input type="checkbox"/> Level 2 (Functional Skills, ESOL, non entitlement quals) (03)	<input type="checkbox"/> Full Level 6 (First Degree (Hons) (09)
<input type="checkbox"/> Full Level 2 (5 GCSE grades A-C or 4-9, 5 or 3 AS Level) (04)	<input type="checkbox"/> Full Level 7 and above (Doctorates, Masters, PGCE) (10)
<input type="checkbox"/> Level 3 (Core maths, technical quals (T Levels), non entitlement quals (05)	<input type="checkbox"/> Other Qualifications (97)
<input type="checkbox"/> Full Level 3 (2 or more A Levels, 4 or more AS Levels) (06)	<input type="checkbox"/> No Qualifications (99)

Name of Highest Qualification

Do you hold a GCSE English?	Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: <input type="text"/>	Do you hold Functional Skills English?	Yes <input type="checkbox"/> No <input type="checkbox"/> Level: <input type="text"/>
Do you hold a GCSE Maths?	Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: <input type="text"/>	Do you hold Functional Skills Maths?	Yes <input type="checkbox"/> No <input type="checkbox"/> Level: <input type="text"/>

10. Employment Status (Day Before Starting Learning)

Employed

Are you Self employed? Yes No

Please indicate employment intensity (hours per week):

0-10 hours 11-20 hours 21-30 hours 31 hours or more

Date commenced current employment: / /

Is your gross annual salary less than **£18,525** (**£19,305** if you live in a West Yorkshire Combined Authority residential postcode)? Yes No

Is your employer releasing you to study on your course(s)?

Not Employed

How many months have you been unemployed?

Less than 6 months (1) 24-35 months (4)

6-11 months (2) Over 36 months (5)

12-23 months (3)

Are you in receipt of the following benefits?

Job Seeker Allowance (JSA) ESA (Work Related Activity Group) Universal Credit (UC) None Other

11. Fee Remission (Please confirm your circumstances and tick the relevant box for fee remission consideration)

I want to be employed or to progress to more suitable employment and the training is directly relevant to improving my employment prospects and the local labour market needs

As an individual claiming Universal Credit I earn less than **£345/month** or as a household we earn less than **£552/month**

I am employed and my gross salary is less than **£18,525** (**£19,305** if you live in West Yorkshire Combined Authority residential postcode)

I declare that I **DO NOT** already have a Full Level 2 qualification or above Full Level 3 qualification or above

12. Payment of Fees - Complete this section if you or your employer are paying fees.

Payment of all tuition and associated fees must be made in full at enrolment. You can pay by cash, most debit/credit cards, or by cheque payable to Craven College. Please note. You are liable for fees even if you do not complete your course.

- I am paying my own fees directly to the College I am paying my fees but intending to recover them later from my employer
 I am a Craven College employee I will be paying my fees using a Student Loan (A letter from the Student Loan Company is required)

My employer is paying the college fees directly (A letter or Purchase Order from your employer must be provided at enrolment)

Employer Name:		Employer email:	
Employer Address:			

13. Higher Education Courses

UCAS Personal ID		UCAS Application Code	
------------------	--	-----------------------	--

Student Support No. (assigned by Student Loan Company):	
---	--

What best describes your occupation?	<input type="checkbox"/> Lower supervisory & technical occupations (05)
<input type="checkbox"/> Higher Managerial & professional occupations (01)	<input type="checkbox"/> Semi-routing occupations (06)
<input type="checkbox"/> Lower managerial & professions occupations (02)	<input type="checkbox"/> Routine occupations (07)
<input type="checkbox"/> Intermediate occupations (03)	<input type="checkbox"/> Never worked & long term unemployed (08)
<input type="checkbox"/> Small employers & own-account workers (04)	<input type="checkbox"/> Not classified (09)

What is your current job title? (if employed)		Which industry do you work in? (if employed)	
---	--	--	--

14. Declaration of Student

How We Use Your Personal Information

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) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used in the ILR. Your personal information is used by the DfE to exercise our functions under article 6(1)(e) of the UK GDPR and to meet our statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009.

The ILR collects data about learners and learning undertaken. Publicly funded colleges, training organisations, local authorities, and employers (FE providers) must collect and return the data to the ESFA each year under the terms of a funding agreement, contract or grant agreement. It helps ensure that public money distributed through the ESFA is being spent in line with government targets. It is also used for education, training, employment, and well being purposes, including research. We retain ILR learner data for 3 years for operational purposes and 66 years for research purposes. For more information about the ILR and the data collected, please see the ILR specification at <https://www.gov.uk/government/collections/individualised-learner-record-ilr>

ILR data is shared with third parties where it complies with DfE data sharing procedures and where the law allows it. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact learners to carry out research and evaluation to inform the effectiveness of training.

For more information about how your personal data is used and your individual rights, please see the DfE Personal Information Charter (<https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter>) and the ESFA Privacy Notice (<https://www.gov.uk/government/publications/esfa-privacy-notice>)

If you would like to get in touch with us or request a copy of the personal information DfE holds about you, you can contact the DfE in the following ways:

- Using our online contact form at <https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter>
- By telephoning the DfE Helpline on 0370 000 2288
- Or in writing to – Data Protection Officer, Ministerial and Public Communications Division, Department for Education, Piccadilly Gate, Store Street, Manchester, M1 2WD

If you are unhappy with how we have used your personal data, you can complain to the Information Commissioner's Office (ICO) at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. You can also call their helpline on 0303 123 1113 or visit <https://www.ico.org.uk>

The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>

College Data Processing Notice

Craven College takes privacy seriously and will only use the personal information provided on this form for the purposes of administration of your position as a student with us. All data will be processed lawfully and in accordance with Article 6 of the GDPR. The College will occasionally share your data with third parties. Where sharing is not part of our statutory duties, you can give your consent to be contacted by other third parties about:

- About courses or learning opportunities. For surveys and research. By post. By phone. By e-mail. (Please tick relevant boxes to give your consent)

Further information, please visit: www.craven-college.ac.uk/about-craven-college

Learner Declaration

I declare that the information I have disclosed is true and accurate to the best of my knowledge. I agree to abide by Craven College's Code of Conduct. I have been informed of and understand the entry requirements for my course, the guided learning hours, the nature and suitability of the course, the costs involved, financial/academic support that may be available and what it leads to. I understand I am responsible for amounts due, understand the fees, charging and refund policy and how to contact the college support & advice services. I understand and accept that my named parent(s)/guardian or my employer/sponsor may be informed about my performance. I agree to inform Craven College of any relevant change of personal circumstances or change of course which may affect any concessions given at the time of enrolment. Where this affects the fees due, I agree to pay the difference. You are also authorising the college to collect and release non-sensitive information for other purposes as set out in the college's data protection registration. A more detailed explanation and further information on data confidentiality is available on request from the Data Protection Officer.

Student Signature:	
Date	

Staff Name:	
Staff Signature:	
Date	

15. Programmes of Study

Code	Subject	Day	Time	Start Date	Planned End Date	Planned Hours	Course Fees	Exam / Registration	Other	Total	Waived
							:	:	:	:	<input type="checkbox"/>
							:	:	:	:	<input type="checkbox"/>
							:	:	:	:	<input type="checkbox"/>
							:	:	:	:	<input type="checkbox"/>
							:	:	:	:	<input type="checkbox"/>
							:	:	:	:	<input type="checkbox"/>

Course fees are required to be paid at enrolment

Total Fees Payable:

:

FOR OFFICE USE ONLY

Learners NOT paying fees

You may be eligible for a reduction in fees if any of the following apply:

- | | |
|--|--|
| <input type="checkbox"/> Aged 16, 17, 18 on 31 August 2022 | <input type="checkbox"/> First Full Level 2 |
| <input type="checkbox"/> Local Flexibility | <input type="checkbox"/> First Full Level 3 |
| <input type="checkbox"/> Level 3 courses for jobs | <input type="checkbox"/> JSA |
| <input type="checkbox"/> Staff Development | <input type="checkbox"/> ESA (WRAG) |
| <input type="checkbox"/> Digital Skills | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> English/Maths | <input type="checkbox"/> Another state benefit |
| | <input type="checkbox"/> Low wage flexibility |

Rem. Proof seen

Date of evidence: / / Initials

Comments:

Learner Paying Fees

Option	Amount Due	Amount Paid	Amount Waived	Amount Invoiced
Course Fee:				
Exam Fee:				
Materials:				
Other:				
Total:				

Payment Method

- | | | |
|---------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Card | <input type="checkbox"/> Direct Debit |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Invoice | <input type="checkbox"/> Online |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Employer | <input type="checkbox"/> Phone |

Receipt No:

Attach copy of receipt to enrolment form

Date: / / Initials:

Loans

Advanced Loan HE Loan Loan Amount:

Staff Signature: Date: / /