

Previous School/College (16-18 only)

## Craven TYRO TRAINING TRAINING

## 2025/26 ENROLMENT FORM

FOR OFFICE USE ONLY (REFERENCE)	
19+: Resident in North Yorkshire Evidence seen, please tick  Resident in West Yorkshire Evidence seen, please tick	

PLEASE COMPLETE <b>ALL</b> SECTIONS (WHERE INDICATED) OF THIS FORM IN <b>BLOCK CAPITALS &amp; BLACK PEN</b> (TICK WHERE APPROPRIATE). CONSULT COURSE GUIDELINES AND OUTLINES BEFORE COMPLETING THIS FORM.																		
Are you currently a	full-time stud	lent at an	y other	School,	, Colleç	ge or Tr	aining Pr	ovider?	Yes			No						
1. Personal Detai	ls																	
Title:	Mr Mrs Miss Ms Other:					ı	dentifies as:	Ger	Gender:									
Date of Birth:								Considers Self Trans										
Biological Birth Gender:  Male Female Preferred Pronoun:								Jnique Learnei Number (ULN)										
First name(s):								National nsurance (NI) N	No:									
Surname:							E	Email:										
Middle name:				Preferred	d name	9:		Tel No:										
Surname at birth/ maiden name:							1	Mobile No.					Ļ					
Home Address:								Time at current address:							М	Ionths		
								Do you have an unspent crimin	-		tion vo	No ou give wi	ll be co	nfidenti	al and	will be		
Postcode:								convictions?	cons	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.								
2.Ethnic Origin (p	olease tick belov	<b>/</b> /)																
White		Mixed				As	sian / Asi	an British		Black				Othe	r Eth	nic g	group	
British/English/V Scottish/Norther		White	& Black	k Caribb	bean (3	35)	Indian (	39)		Afr	ican	(44)			ab (4'			
Irish (32)	11 111311 (31)			k Africa	n (36)		Pakista	· '				ean (45)		Ar	ny ot	ner (9	98)	
	aveller (33)					_	deshi (41)				Black ound (4	-6)						
						Chinese	inese (42) her Asian background (43)											
Other White bac	ckground (34)						Othor A	sian backgrou	ınd ((7)									
							Other A	sian backgrou	ınd (43)									
3. Emergency Co		<b>s</b> (Please <sub>l</sub>	orovide 2	2 contact	ts)		Other A	sian backgrou	ınd (43)									
		S (Please	orovide 2	2 contact	ts)		Other A		ind (43)									
3. Emergency Co Name: Tel No:		S (Please )	orovide î	2 contac	ts)		Name Tel No	:	und (43)									
3. Emergency Co		<b>Is</b> (Please	orovide 2	2 contact	ts)		Name Tel No	:	ind (43)			1						
3. Emergency Co Name: Tel No:		<b>Is</b> (Please	provide 2	2 contact	ts)		Name Tel No	: : onship to you:	und (43)			I						
3. Emergency Co Name: Tel No: Relationship to you:	ntact Detai		_			npleted)	Name Tel No Relatio	: : onship to you:		resid	ency	'status						
3. Emergency Co Name: Tel No: Relationship to you: Email:	ntact Detai		_			npleted)	Name Tel No Relatio Email: Non-E	: : onship to you:	firm you	resid	ency		у Ме	mber	Visa	or Le	egal	
3. Emergency Co Name: Tel No: Relationship to you: Email: 4. Residency Sta	ntact Detai		_			npleted)	Name Tel No Relatio Email:  Non-E Asy res Hu	: onship to you: EA (Please con lum Seeker (G idency) manitarian Pr	firm you 5 month otection	k	ency	Fami EU/EI Ukrai	y Me EA Ci ne Vi	tizen sa Sch	neme	÷		
3. Emergency Co Name: Tel No: Relationship to you: Email: 4. Residency Sta Nationality*: Country of Residence: Have you lived in the UK/EEA for the	ntact Detai		_			npleted)	Name Tel No Relatio Email:  Non-E Asyres Hu Dis	EA (Please con vlum Seeker (6 idency) manitarian Pr cretionary Lea main*	firm you 5 month otection ave to En	* ter/	ency	Famil EU/EI Ukrai Indef Rema	y Me EA Ci ne Vi inite ain*	tizen	neme	÷		
3. Emergency Co Name: Tel No: Relationship to you: Email:  4. Residency Sta Nationality*: Country of Residence: Have you lived in the UK/EEA for the last 3 Years? Pre-settled/Settled	tus (Complete	where app	olicable)	(*must b	be com		Name Tel No Relatio Email:  Non-E Asy res Hu Dis Re Afg	:  EA (Please convlum Seeker (6) idency) manitarian Procretionary Lea	firm you 5 month otection ave to En	ter/	ency	Famil EU/EI Ukrai Indef	y Me EA Ci ne Vi inite ain* Visa	tizen sa Sch	neme	÷		
3. Emergency Co Name: Tel No: Relationship to you: Email:  4. Residency Sta Nationality*: Country of Residence: Have you lived in the UK/EEA for the last 3 Years? Pre-settled/Settled Status held (EEA nationals)	ntact Detai	where app	_	(*must b			Name Tel No Relatio Email:  Non-E Asy res Hu Dis Rei Afg Exc	EA (Please convolum Seeker (Gidency) manitarian Procretionary Leamain* ghan Relocations	firm you 5 month otection ave to En	ter/	ency	Famil EU/EI Ukrai Indef Rema Work Refug Husb	y Me EA Ci ne Vi inite ain* Visa gee*	tizen sa Sch Leave wife/ci	to E	e nter/ artne		
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Year of leaving:

Continued...

6. ID check - Identity verification (third party ID) ID must be seen prior to enrolment										
Passport (2)	)		Initials:							
Driving Licence (3)	Cert. of Entit	Cert. of Entitlement to Funding			Birth Certificate (1)					
ID card/other National ID (4)	ID card/other National ID (4) Bank credit/debit card (7)									
7. Primary Health Problems	<ul><li>(Providing this information</li></ul>	n does not in ar	ny way affec	t your place on	a course. We ma	ay be able to offe	r you extra	a support)		
Do you consider yourself to have				Yes		tick all that app				
Vision Impairment	Social Emotional	Dyslex	кia		Speech, Langu	ıage &	Other	Medical		
Hearing Impairment	Difficulties	Dysca	lculia		Communication			tion (e.g. sy, asthma,		
Disability Affecting	Mental Health Difficulty	Autisn	n Spectrum	n Disorder	Other Physical	· ·	diabet			
Mobility	Moderate Learning Difficulty	Asper	ger's Syndr	ome	Other Specific Difficulty (e.g.		Other Difficu	Learning Itv		
Profound Complex Disabilities	Severe Learning Difficulty	/ Tempo	orary Disab	ility			Other Disability			
Do you have any medical condi	tions? (e.g. Asthma) Yes	s No	If yes,	please state:						
What do you consider your prin	nary condition to be?									
Do you have any support in exa	ms? Please state:									
Do you have an EHCP (Education		? Do you	need any	support for y	our Special Edu	ucational Need	s or Hea	Ith problems?		
Yes No		Yes		No						
8. Prior Attainment - Your process	rior attainment will be cha dicts the prior attainment				n your persona	al learning reco	rd (PLR).	. If the PLR		
Entry Level (Entry Level qua	als inc. English, maths, ES	SOL, Digital S	kills) (01)	Level 4 (HI	NC, AAT L4) (07)					
Level 1 (GCSE grades D-G or	r 1-3 (or less than 5 A-C or	4-9) (02)		Level 5 (HN	ND, Foundation	Degree) (08)				
Level 2 (Functional Skills, Es	SOL, non entitlement qua	als) (03)		<b>Level 6</b> (Fir	st Degree (Hor	ns)) (09)				
Full Level 2 (5 GCSE grades	A-C or 4-9, 3 AS Levels) (0	4)		Level 7 and	d above (Docto	rates, Masters,	PGCE) (1	0)		
Level 3 (Core maths, technic	cal quals (T Levels), non e	ntitlement q	uals) (05)	Other Qua	lifications (97)					
Full Level 3 (2 or more A Lev	vels, 4 or more AS Levels)	(06)		No Qualific	cations (99)					
Name of Highest Qualification:										
Do you hold a GCSE English?	Yes No Grade	:		o you hold Fu	ınctional	Yes No	Level:			
Do you hold a GCSE Maths?	Yes No Grade		D	kills English? o you hold Fu	ınctional	Yes No	Level:			
	Tes No Glade		Sk	kills Maths?		103	Level.			
9. Employment Status										
Employed  I am in paid employment (10)			Not Emp	<b>loyed</b> not in paid er	nnlovment					
and I am self employed				·	ng for work (11)					
Number of hours employed pe					J , ,	and/or not ava	ailable to	start work (12)		
0–10 hours (5)	21–30 hours (7)			am retired	3			, ,		
11–20 hours (6)	31 hours or more	(8)	How man	ny months ha	ve you been ur	nemployed?				
How long have you been in em	ployment?			han 6 month		24–35 mor	nths (c)			
up to 3 months (1)	7–12 months (3)			nan 6 month nonths (2)	13 (1)	Over 36 m	` ′			
4–6 months (2)	12+ months (4)			months (3)			(,,			
Is your employer releasing you	to study on your course(s	(Yes)								
Are you in receipt of the following benefits?	Job Seeker Allowance (JSA)	ESA (Work Activity Gr		Universa Credit (U		Other:				
10. Fee Remission										
Please confirm your circumstar	nces and tick the relevant	box for fee re	emission c	onsideration:						
I declare that I <b>DO NOT</b> already	have a F	ull Level 2 qu	alification	or above	Full Le	evel 3 qualificat	ion or ab	oove		
Aged 19+ studying up to and i	ncluding Level 2 (or Leve	el 3 if the co	urse falls (	under the Fre	ee Courses for	Jobs Scheme)	if:			
I have a gross personal sala										
I am claiming an eligible be	enefit such as Job Seekers	s Allowance, I	Employme	nt and Suppo	ort Allowance, I	Universal Credi	t or othe	er means		
tested benefit	a that is all with to	a (Factor)	inite CO	a' a a la suss						
I am enrolling onto a course	e that is eligible under the	e Essential D	ngital Skills	scheme						







11. Payment of Fees (If 19 years of age and over) - Complete this section	on if you or your employer are paying fees. If not move to next section.												
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 own fees directly to the College												
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	r from your employer must be provided at enrolment)												
Employer Name: Employer email:													
Employer Address:													
12. Higher Education Courses - Complete if studying a Degree Level course. If not move to next section.													
UCAS Personal ID: UCA	AS Application Code:												
Student Support No. (assigned by Student Loan Company):													
What best describes your occupation?	Lower supervisory & technical occupations (05)												
Higher Managerial & professional occupations (01)	Semi-routine occupations (06)												
Lower managerial & professions occupations (02)	Routine occupations (07)												
Intermediate occupations (03)	Never worked & long term unemployed (08)												
Small employers & own-account workers (04)	Not classified (09)												
	ich industry do you work in? employed)												
Accommodation	Other rented accommodation (shared accommodation) (8) Other (5)												
OWIT Residence (/)	Other (5)												
13. Declaration of Student													
How We Use Your Personal Information  This privacy notice is issued 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. Our lawful basis for using your special category personal data is covered under Substantial Public Interest based in law (Article 9(2)(g)) of UK GDPR legislation. This processing is under Section 54 of the Further and Higher Education Act (1992).  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 each year under the terms of a funding agreement, contra government targets. It is also used for education, training, employment, and well-bein We retain your ILR learner data for 20 years for operational purposes (e.g. to fund your research databases until you are aged 80 years so that it can be used for long-term re	ng purposes, including research.  r learning and to publish official statistics). Your personal data is then retained in our												
see the ILR specification at https://www.gov.uk/government/collections/individualised													
ILR data is shared with third parties where it complies with DfE data sharing procedu Managing Authority (or agents acting on their behalf) may contact learners to carry of For more information about how your personal data is used and your individual rights organisations/department-for-education/about/personal-information-charter) and to for-key-stage-5-and-adult-education)	out research and evaluation to inform the effectiveness of training. s, please see the DfE Personal Information Charter (https://www.gov.uk/government/												
If you would like to get in touch with us or request a copy of the personal information  Using our online contact form https://form.education.gov.uk/service/Contact_the_D  By telephoning the DfE Helpline on 0370 000 2288  Or in writing to: Data Protection Officer, Department for Education (B2.28), 7 & 8 We	epartment_for_Education												
If you are unhappy with how we have used your personal data, you can complain to the Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. You can also call their helph													
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 posturther information, please visit: www.craven-college.ac.uk/about-craven-college	st. By phone. By email. (Please tick relevant boxes to give your consent)												
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 consent to my contact information being shared with my work placement employer. 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	Staff Signature												
Date / / /	Staff Name												
	Date / /												

14. Programmes of Stud	У										
Code	Subject	Day	Time	Start Date	Planned End Date	Planned Hours	Course Fees	Exam / Registratio	n Other	Total	Waived
							:	:	:	:	
							:	:	:	:	
							:	:	:	:	
							:	:	:	:	
							· .	:	:	:	
							:	:	:	:	
Course fees are required	to be paid at enrolment							Total Fe	ees Payable:	:	
FOR OFFICE USE ONLY		_	_	_	_	_	_	_	_		
Learners NOT paying fees	;	Learner Pay	ing Fees								
You may be eligible for a redu Aged 16, 17, 18 on 31 Augu	uction in fees if any of the following apply: st 2025  JSA	Option	Amount Due	Amount Paid	Amount Waived	Amount Invoiced	Payment Cash	Method	Direct	Debit	
First Full Level 2	ESA (WRAG)	Course Fee:			ĺ		Cheque		Invoice	Online	
First Full Level 3	Universal Credit	Exam Fee:					Loan		Employer		9
Level 3 courses for jobs	Another state benefit	Materials:					Receipt	No:			
Digital Skills English/Maths	Local Flexibility  Staff Development	Other:						Attach copy of receipt to			nt form
Low wage flexibility	Stan Bevelopment	Total:					Date:	/	/	Initia	als:
		Loans									
Rem. Proof seen		Advanced Lea	rning Loan	HE Loa	ın	Loan Amount:					
Date of evidence: /	/ Initials	Staff Signature	e:					Date:	/	/	
Comments:											
Signature:	Printed Name	e:					Date:				