

2025/26 ENROLMENT FORM

PLEASE COMPLETE **ALL** SECTIONS (WHERE INDICATED) 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 <input type="checkbox"/>	No <input type="checkbox"/>
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1. Personal Details			
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="text"/>	Identifies as:	Gender:
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Considers Self Trans <input type="checkbox"/>
Biological Birth Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Preferred Pronoun: <input type="text"/>		Unique Learner Number (ULN) No: <input type="text"/>
First name(s):	<input type="text"/>	National Insurance (NI) No:	<input type="text"/>
Surname:	<input type="text"/>	Email:	<input type="text"/>
Middle name:	<input type="text"/>	Preferred name:	<input type="text"/>
Surname at birth/maiden name:	<input type="text"/>	Tel No:	<input type="text"/>
Home Address:	<input type="text"/>	Mobile No.	<input type="text"/>
Postcode:	<input type="text"/>	Time at current address:	<input type="text"/> Years <input type="text"/> Months
		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>

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 (Complete where applicable) (*must be completed)		Non-EEA (Please confirm your residency status)	
Nationality*:	<input type="text"/>	<input type="checkbox"/> Asylum Seeker (6 month residency)	<input type="checkbox"/> Family Member Visa or Legal EU/EEA Citizen
Country of Residence:	<input type="text"/>	<input type="checkbox"/> Humanitarian Protection*	<input type="checkbox"/> Ukraine Visa Scheme
Have you lived in the UK/EEA for the last 3 Years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Discretionary Leave to Enter/Remain*	<input type="checkbox"/> Indefinite Leave to Enter/Remain*
Pre-settled/Settled Status held (EEA nationals)	Settled <input type="checkbox"/> Pre-Settled <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Afghan Relocation Scheme	<input type="checkbox"/> Work Visa
Pre-settled/Settled Status date:	<input type="text"/>	<input type="checkbox"/> Exceptional Leave to Enter/Remain*	<input type="checkbox"/> Refugee*
Date of Entry to UK: (non-UK residents)	<input type="text"/>	<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:	<input type="text"/>	Expiry Date:	<input type="text"/>	Checked by:	<input type="text"/>
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5. Support / Education details (Only complete if under 18yrs old)				
Are you a young carer?	Are you a young parent?	Are you a Looked after child?	Are you living in care or classed as a care leaver?	Do you currently get Free School Meals?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous School/College (16-18 only)	<input type="text"/>	Year of leaving:	<input type="text"/>	Continued...

6. ID check - Identity verification (third party ID) ID must be seen prior to enrolment

☐ Passport (2)

☐ Driving Licence (3)

☐ ID card/other National ID (4)

☐ National Insurance card (5)

☐ Cert. of Entitlement to Funding (6)

☐ Bank credit/debit card (7)

☐ Examination results slip/certificate (999)

☐ Birth Certificate (1)

☐ Other:

ID Checked?

Initials:

7. 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:

☐ Vision Impairment

☐ Hearing Impairment

☐ Disability Affecting Mobility

☐ Profound Complex Disabilities

☐ Social Emotional Difficulties

☐ Mental Health Difficulty

☐ Moderate Learning Difficulty

☐ Severe Learning Difficulty

☐ Dyslexia

☐ Dyscalculia

☐ Autism Spectrum Disorder

☐ Asperger's Syndrome

☐ Temporary Disability

☐ Speech, Language & Communication Needs

☐ Other Physical Disability

☐ Other Specific Learning Difficulty (e.g. Dyspraxia)

☐ Other Medical Condition (e.g. epilepsy, asthma, diabetes)

☐ Other Learning Difficulty

☐ Other Disability

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

What do you consider your primary condition to be?

Do you have any support in exams? Please state:

Do you have an EHCP (Education, Health and Care Plan)? Yes ☐ No ☐

Do you need any support for your Special Educational Needs or Health problems? Yes ☐ No ☐

8. Prior Attainment - Your 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

☐ Entry Level (Entry Level quals inc. English, maths, ESOL, Digital Skills) (01)

☐ Level 1 (GCSE grades D-G or 1-3 (or less than 5 A-C or 4-9) (02)

☐ Level 2 (Functional Skills, ESOL, non entitlement quals) (03)

☐ Full Level 2 (5 GCSE grades A-C or 4-9, 3 AS Levels) (04)

☐ Level 3 (Core maths, technical quals (T Levels), non entitlement quals) (05)

☐ Full Level 3 (2 or more A Levels, 4 or more AS Levels) (06)

☐ Level 4 (HNC, AAT L4) (07)

☐ Level 5 (HND, Foundation Degree) (08)

☐ Level 6 (First Degree (Hons)) (09)

☐ Level 7 and above (Doctorates, Masters, PGCE) (10)

☐ Other Qualifications (97)

☐ No Qualifications (99)

Name of Highest Qualification:

Do you hold a GCSE English? Yes ☐ No ☐ Grade:

Do you hold Functional Skills English? Yes ☐ No ☐ Level:

Do you hold a GCSE Maths? Yes ☐ No ☐ Grade:

Do you hold Functional Skills Maths? Yes ☐ No ☐ Level:

9. Employment Status

Employed

☐ I am in paid employment (10)

☐ and I am self employed

Number of hours employed per week:

☐ 0-10 hours (5)

☐ 11-20 hours (6)

☐ 21-30 hours (7)

☐ 31 hours or more (8)

How long have you been in employment?

☐ up to 3 months (1)

☐ 4-6 months (2)

☐ 7-12 months (3)

☐ 12+ months (4)

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

Not Employed

☐ I am not in paid employment

☐ and I am looking for work (11)

☐ and I am not looking for work and/or not available to start work (12)

☐ I am retired

How many months have you been unemployed?

☐ Less than 6 months (1)

☐ 6-11 months (2)

☐ 12-23 months (3)

☐ 24-35 months (4)

☐ Over 36 months (5)

Are you in receipt of the following benefits? ☐ Job Seeker Allowance (JSA) ☐ ESA (Work Related Activity Group) ☐ Universal Credit (UC) ☐ None ☐ Other:

10. Fee Remission

Please confirm your circumstances and tick the relevant box for fee remission consideration:


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

Aged 19+ studying up to and including Level 2 (or Level 3 if the course falls under the Free Courses for Jobs Scheme) if:


☐ I have a gross personal salary of less than £25,000 per annum (this does not include any benefits being paid)


☐ I am claiming an eligible benefit such as Job Seekers Allowance, Employment and Support Allowance, Universal Credit or other means tested benefit

☐ I am enrolling onto a course that is eligible under the 'Essential Digital Skills' scheme




Office for Students







West Yorkshire Combined Authority



Tracy Brabin Mayor of West Yorkshire



YORK & NORTH YORKSHIRE COMBINED AUTHORITY



DAVID SKAITH MAYOR

14. 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:

☐ Aged 16, 17, 18 on 31 August 2025

☐ First Full Level 2

☐ First Full Level 3

☐ Level 3 courses for jobs

☐ Digital Skills

☐ English/Maths

☐ Low wage flexibility

☐ JSA

☐ ESA (WRAG)

☐ Universal Credit

☐ Another state benefit

☐ Local Flexibility

☐ Staff Development

Rem. Proof seen

Date of evidence:

/

/

Initials

Learner Paying Fees

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

Payment Method

☐ Cash

☐ Card

☐ Direct Debit

☐ Cheque

☐ Invoice

☐ Online

☐ Loan

☐ Employer

☐ Phone

Receipt No:

Attach copy of receipt to enrolment form

Date:

/

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Initials:

Loans

Advanced Learning Loan

HE Loan

Loan Amount:

Staff Signature:

Date:

/

/

Comments: