

# 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"/>
--	------------------------------	-----------------------------

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

3. Emergency Contact Details (Please provide 2 contacts)			
Name:	<input type="text"/>	Name:	<input type="text"/>
Tel 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"/> <input type="text"/> <input type="text"/>	Tel 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"/> <input type="text"/> <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="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <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="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Checked by:	<input type="text"/>
----------------	----------------------	--------------	---	-------------	----------------------

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"/> <input type="text"/> <input type="text"/> <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

**11. Payment of Fees** (If 19 years of age and over) - Complete this section 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 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:			

**12. Higher Education Courses** - Complete if studying a Degree Level course. If not move to next section.

[illegible]

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

What best describes your occupation?

- ☐ Higher Managerial & professional occupations <sup>(01)</sup>
- ☐ Lower managerial & professions occupations <sup>(02)</sup>
- ☐ Intermediate occupations <sup>(03)</sup>
- ☐ Small employers & own-account workers <sup>(04)</sup>
- ☐ Lower supervisory & technical occupations <sup>(05)</sup>
- ☐ Semi-routine occupations <sup>(06)</sup>
- ☐ Routine occupations <sup>(07)</sup>
- ☐ Never worked & long term unemployed <sup>(08)</sup>
- ☐ Not classified <sup>(09)</sup>

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

Accommodation term-time (HE only):	<input type="checkbox"/> Parent/Guardian Home (4)	<input type="checkbox"/> Other rented accommodation (shared accommodation) (8)
	<input type="checkbox"/> Own Residence (7)	<input type="checkbox"/> 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, contract or grant agreement. It helps ensure that public money is being spent in line with government targets. It is also used for education, training, employment, and well-being purposes, including research.

We retain your ILR learner data for 20 years for operational purposes (e.g. to fund your learning and to publish official statistics). Your personal data is then retained in our research databases until you are aged 80 years so that it can be used for long-term 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 DfE Privacy Notice (<https://www.gov.uk/government/publications/privacy-notice-for-key-stage-5-and-adult-education>)

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 [https://form.education.gov.uk/service/Contact\\_the\\_Department\\_for\\_Education](https://form.education.gov.uk/service/Contact_the_Department_for_Education)
- By telephoning the DfE Helpline on 0370 000 2288
- Or in writing to: Data Protection Officer, Department for Education (B2.28), 7 & 8 Wellington Place, Wellington Street, Leeds, LS1 4AW

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>

## 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 email. (Please tick relevant boxes to give your consent)

Further information, please visit: [www.craven-college.ac.uk/about-craven-college](http://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 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.

<b>Student Signature</b>	
<b>Date</b>	<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"/>

<b>Staff Signature</b>	
<b>Staff Name</b>	
<b>Date</b>	<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"/>

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"/>
							:	:	:	:	<input type="checkbox"/>
Course fees are required to be paid at enrolment										Total Fees Payable:	:

Learners NOT paying fees		Learner 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 2025 <input type="checkbox"/> First Full Level 2 <input type="checkbox"/> First Full Level 3 <input type="checkbox"/> Level 3 courses for jobs <input type="checkbox"/> Digital Skills <input type="checkbox"/> English/Maths <input type="checkbox"/> Low wage flexibility		<input type="checkbox"/> JSA <input type="checkbox"/> ESA (WRAG) <input type="checkbox"/> Universal Credit <input type="checkbox"/> Another state benefit <input type="checkbox"/> Local Flexibility <input type="checkbox"/> Staff Development					<table border="1"> <thead> <tr> <th>Option</th> <th>Amount Due</th> <th>Amount Paid</th> <th>Amount Waived</th> <th>Amount Invoiced</th> </tr> </thead> <tbody> <tr> <td>Course Fee:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Exam Fee:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Materials:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Option	Amount Due	Amount Paid	Amount Waived	Amount Invoiced	Course Fee:					Exam Fee:					Materials:					Other:					Total:				
Option	Amount Due	Amount Paid	Amount Waived	Amount Invoiced																																						
Course Fee:																																										
Exam Fee:																																										
Materials:																																										
Other:																																										
Total:																																										
Rem. Proof seen <input type="text"/>		<table border="1"> <thead> <tr> <th colspan="3">Payment Method</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Cash</td> <td><input type="checkbox"/> Card</td> <td><input type="checkbox"/> Direct Debit</td> </tr> <tr> <td><input type="checkbox"/> Cheque</td> <td><input type="checkbox"/> Invoice</td> <td><input type="checkbox"/> Online</td> </tr> <tr> <td><input type="checkbox"/> Loan</td> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Phone</td> </tr> </tbody> </table>						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																							
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																																								
Date of evidence: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Initials <input type="text"/>		<table border="1"> <thead> <tr> <th colspan="6">Loans</th> </tr> </thead> <tbody> <tr> <td colspan="2">Advanced Learning Loan <input type="checkbox"/></td> <td colspan="2">HE Loan <input type="checkbox"/></td> <td colspan="2">Loan Amount: <input type="text"/></td> </tr> <tr> <td colspan="4">Staff Signature: <input type="text"/></td> <td colspan="2">Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>						Loans						Advanced Learning Loan <input type="checkbox"/>		HE Loan <input type="checkbox"/>		Loan Amount: <input type="text"/>		Staff Signature: <input type="text"/>				Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>																		
Loans																																										
Advanced Learning Loan <input type="checkbox"/>		HE Loan <input type="checkbox"/>		Loan Amount: <input type="text"/>																																						
Staff Signature: <input type="text"/>				Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>																																						

**Comments:**

**Staff Signature:** \_\_\_\_\_ **Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_