

Learning Agreement and Enrolment Form 2008/09



email ACES@wakefield.gov.uk

Section 1: Course Details

OFFICE USE ONLY Learner Ref. No.

COURSE CODE	COURSE TITLE	DAY	TIME	Learner Start Date	Estimated End Date	Guided Learner Hrs	Qual. Aim

Where did you find out about the course? (Please tick)

Prospectus Friend Website Tutor Leaflet Previous Course Workplace Press Other

Section 2: Learner Details

Title First name(s) Surname

Address

..... Postcode

Daytime Telephone: Other Telephone:.....

Email: Gender (Please tick) Female Male

National Insurance Number Date of Birth

Tick this box if you are a lone parent Tick this box if you are a WMDC resident, retired **AND** over 60 years

Tick this box if you are **NOT** normally resident in the UK/EC Tick this box if you are on Incapacity Benefit **OR** Severe Disability Allowance

Section 3: Disability/Learning Difficulties

Do you consider yourself to have a disability? Yes No Do you consider yourself to have a learning difficulty? Yes No

If Yes, please give brief details.....

Do you require any extra help or support? Yes No If Yes, please give brief details

..... May we inform your tutor? Yes No

Section 4: Ethnicity (Please tick the box that you consider best represents yourself)

White British <input type="checkbox"/> Irish <input type="checkbox"/> Other White <input type="checkbox"/>	Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black <input type="checkbox"/>	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/>	Dual Heritage White Asian..... <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Caribbean..... <input type="checkbox"/> Other Dual Heritage..... <input type="checkbox"/>
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Any other (please specify)

Section 5: Previous Qualifications

Do you have any previous qualifications? If yes, please tick the appropriate boxes below. If no, go to Section 6.

Entry Level	Level 1	Full Level 2	Full Level 3	Level 4 & above	English	Maths
	5 GCSEs D-G NVQ 1	5 GCSEs A*-C 5 'O' Levels NVQ 2	2 A Levels NVQ Level 3 BTEC National Diploma	BTEC Professional Diploma or Degree	GCSE A-C O Level Nat Test Level 2	GCSE A-C O Level Nat Test Level 2
Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>	Tick <input type="checkbox"/>
					Nat Test Level 1 Tick <input type="checkbox"/>	Nat Test Level 1 Tick <input type="checkbox"/>

Section 6: Employment Details

Are you employed? Yes No If yes, how many hours do you work per week?

Are you self employed? Yes No

Name and address of employer/company

If unemployed how long since you were in paid employment?

0-6 months 6-12 months 1-2 years 2-3 years 3+ year Are you retired?

Is your course relevant to your employment? Yes No Does your employer employ more than 250 people? Yes No

Is your employer releasing you to study your course? Yes No Is your employer paying your course/exam fees? Yes No

Section 7: Concessionary Fee

Are you in receipt of one or more of the following benefits? Yes No

If yes please tick one of the boxes below. Proof must be provided. If no, go to Section 8

- 1. I am in receipt of Income Support
- 2. I am in receipt of Job Seekers Allowance
- 3. I am in receipt of Working Tax Credit
- 4. I am in receipt of Housing Benefit or Local Housing Allowance
- 5. I am in receipt of Pension Credit (Guarantee Credit)
- 6. I am in receipt of Council Tax Benefit
- 7. I am an unwaged dependant of those listed above

Section 8: Fee Information

Fee amount: £..... Payment method: Cheque made payable to WMDC Cash Visa/Mastercard Switch

Card No.

Valid from: Expires end: Switch Issue No.

Data Protection Statement 2008/2009

Data Protection Act 1998 – The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at www.lsc.gov.uk/providers/Data/help/ and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you **do not** wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

Please tick this box if you **do not** wish to be contacted about courses or learning opportunities by post.

Learner's Signature Date

Tutor/Interviewer Signature Date

	Term 1	Term 2	Term 3			e-Citizen, ECDL
OFFICE USE ONLY	Cash	Cash	Cash	No of children using Crèche		ECDL Advanced
	Cheque	Cheque	Cheque	Ages of children using Crèche		
	Amount			Crèche Receipt Number		
	Date			DDA Form (tick)		Photo ID
	Receipt No.			Staff initials:		
	Received by			Tutor informed	Date:	Address ID
				Additional Costs: £ Books, Resources etc. Receipt No.		