

# Learning Agreement/Enrolment Form 2011/12

## Wakefield Adult and Community Education Service

Learner Ref No:

FOR OFFICE USE ONLY

Assessor IV Data Team only

Learner Start Date Expected End Date GLH Qual aim ASL Provision Type

### Section 1: Course Details

Course Code	Course Title	Day	Time:	Learner Start Date	Expected End Date	GLH	Qual aim	ASL Provision Type

Where did you find out about the course?

Access brochure  Friend  Website  Tutor  Leaflet  Previous course  Workplace  Press  Other

### Section 2: Learner Details

Title First name(s) Family Name

Address

Postcode

Daytime Tel No Mobile No (optional)

Email Gender (Please tick) Male  Female

Date of Birth / / National Insurance Number

Emergency Contact Name Emergency Contact Number

Tick 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 have been resident in the UK/EU for 3 years, if **not** when did you enter the UK/EU  Date / /

Do you have a valid work permit No  Yes  N/A

**For office use only:** If not resident for 3 years Eligibility for funding: Proof seen (type) By (initials) Date:

### Section 3: Disability/Learning Difficulties

Do you consider yourself to have a disability? Yes  No

If yes, please give brief details:

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  We will inform your tutor unless you tick this box

If yes, we would like to contact you to discuss further. Do you prefer contact by telephone?  email?  type talk?

**We will make every effort to make reasonable adjustments to accommodate you in your chosen class/es.**

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

<b>White</b> English/Scottish/Welsh <input type="checkbox"/> Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any Other White background <input type="checkbox"/>	<b>Asian/Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/>	<b>Black/Black British</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black <input type="checkbox"/> <b>Other Ethnic Group</b> Arab <input type="checkbox"/>	<b>Dual Heritage</b> White Asian <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Caribbean <input type="checkbox"/> Other mixed/multiple ethnic background <input type="checkbox"/>	<b>Any other</b> (please specify) _____ _____ _____
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### 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

Entry Level 1

Entry Level 2

Entry Level 3

#### Level 1 and 2

5 GCSEs D-G

NVQ 1

National Test Level 1 or 2

in Literacy and/or

Numeracy '0' Levels

#### Full Level 2

5 GCSEs A-C

5 '0' Levels

NVQ 2

1 A Level

#### Full Level 3

2 A Levels

NVQ Level 3

BTEC National Diploma

#### Level 4

BTEC Professional

Diploma or Degree

## Section 6: Employment Details

Are you employed? Yes  No  If yes, how many hours do you work per week? \_\_\_\_\_  
 Is your employer Wakefield Council? Yes  No   
 If Wakefield Council are paying your course fees, what is the expenditure code for re-charging? \_\_\_\_\_  
 Are you self-employed? Yes  No  If yes, how many hours do you work per week? \_\_\_\_\_  
 Name & address of employer/company: \_\_\_\_\_

	Post code					
Tel No. of employer/company	Manager's name					
If unemployed, how long since you were in paid employment?	0-6mths <input type="checkbox"/>	6-12mths <input type="checkbox"/>	1-2yrs <input type="checkbox"/>	2-3yrs <input type="checkbox"/>	3+yrs <input type="checkbox"/>	Retired <input type="checkbox"/>
Is your course relevant to your employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your employer releasing you to study your course?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your employer asked you to attend your course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your employer employ more than 250 people?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section 7: Concessionary Fees

Are you in receipt of one or more of the following benefits? If yes, please tick one of the boxes below.  
 Proof must be provided and boxes ticked by a member of staff as seen. If no, go to Section 8.

	Staff Initials	Date
1. I am in receipt of Employment and Support Allowance (work related activity group) <input type="checkbox"/>		
2. I am in receipt of Job Seekers Allowance <input type="checkbox"/>		
<b>If you are a WMDC resident, over 60, retired and in receipt of one of the following your course may be free - please tick the relevant box, provide proof and your centre will advise you if your course is free.</b>		
1. I am in receipt of Income Support <input type="checkbox"/>		
2. I am in receipt of Housing Benefits <input type="checkbox"/>		
3. I am in receipt of Pension Credit (Guarantee Credit) <input type="checkbox"/>		
4. I am in receipt of Council Tax Benefit <input type="checkbox"/>		
5. I am an unwaged dependant of those listed above <input type="checkbox"/>		

## Section 8: Fee Information

Fee amount: \_\_\_\_\_ Payment method: Cash  Cheque  Mastercard /Visa/Switch   
 Mastercard/Visa/Switch No: \_\_\_\_\_ Card Valid from: \_\_\_\_\_  
 Card expiry date: \_\_\_\_\_ Switch Issue Number: \_\_\_\_\_  
 Are you, the learner paying? Yes  No   
 Is your employer paying your fees on invoice? Yes  No   
 If yes, the name and address to which the invoice should be sent if different from that shown in Section 6

## Learner Declaration

**Privacy notice 2011/12** - The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data is available at <http://skillsfundingagency.bis.gov.uk/foi.htm>, <http://www.ypla.gov.uk/foi.htm> <http://learningrecordservice.org.uk/documentlibrary/documents/Code-of-Practice-for-Sharing-of-Personal-Information.htm>. At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

**Please Tick this box** if you **do not** wish to be contacted in respect of surveys and research by mail or phone .

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

I have received, where requested, pre-entry advice, including procedures, implications, entry requirements, suitability and support for my learning programme. I am satisfied with my course choice. I certify that the information given above is correct. I have read and agree with the Data Protection Statement . I have read and will comply with the Adult Education's use of electronic equipment policy .

Learner's Signature	Date
Signature of Tutor/Interviewer:	Date

FOR OFFICE USE ONLY	Term 1	Term 2	Term 3		
	Cash	Cash	Cash	No of children using Crèche	e-Citizen, ECDL, ECDL Advanced
	Cheque	Cheque	Cheque	Ages of children using Crèche	
	Card	Card	Card	Crèche Receipt Number	Photo ID
	INV/IDT	INV/IDT	INV/IDT	CRB No: _____ Date: _____	
	Online payment	Online payment	Online payment	DDA Form (tick)	Address ID
Amount				Staff initials	
Date				Tutor informed _____ Date: _____	
Receipt No				Additional Costs: _____ £	
Rec'd By				Books, Resources etc Receipt No	