

Application Process

Professional/Vocational Qualifications, Short, Legislative and Competency Courses



Learner Information

Surname:		Title:
Forename(s):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	NI number:	Student ref:

Home address:	Employer's details if released to attend:
Postcode:	Postcode:
Telephone number:	Telephone number:
E-mail:	E-mail:

Residential Status

Have you been a lawful resident of the UK/EU/EEA for the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which country/countries have you been living for the last 3 years (please state):	

Emergency Contact Details

In the event of an emergency we will contact the person named below:	
Contact:	Relationship to you:
Telephone number:	Mobile number:

Ethnicity

Please tick the option that you feel best describes your ethnicity:		
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Any other White background	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed / multiple ethnic background	<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black / African / Caribbean background	<input type="checkbox"/> Arab	<input type="checkbox"/> Other

Disability or Learning Difficulty

Please indicate if you have any of the following (tick all that apply):		
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Disability affecting mobility
<input type="checkbox"/> Profound complex disabilities	<input type="checkbox"/> Social and emotional difficulties	<input type="checkbox"/> Mental health difficulty
<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Asperger's Syndrome
<input type="checkbox"/> Temporary disability after illness or accident	<input type="checkbox"/> Speech, language and communication needs	<input type="checkbox"/> Other physical disability
<input type="checkbox"/> Other specific learning difficulty (e.g. dyspraxia)	<input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> Other learning difficulty
<input type="checkbox"/> Other disability	<input type="checkbox"/> Prefer not to say	

Please state which of the above is your **PRIMARY** learning difficulty / disability (i.e. which impacts most greatly on your Learning):

Criminal Convictions

Do you have a criminal conviction (spent, unspent or pending)? Yes (further details required below) No

Further details:

Course Details and Payment

The following section must be completed in full

Course Fees			
Course code	Course name (as stated in the prospectus)	Start date	Fee

Fee Payment – Please tick one of the following (see back page of Part Time prospectus for details)

I am paying my own fees (please complete Payment details)

My employer is paying my fees (a letter and signed form of authorisation must accompany this form – please complete Payment Details)

Payment Details

Total to pay: £

Please tick method of payment: Cash Cheque Invoice employer

If you wish to pay by debit/credit card please submit your application and the College will contact you to take payment once your application has been processed.

REFUNDS: Normally no refunds are paid once an enrolment is made, unless there are extenuating circumstances. Applications for refunds must be made in writing.

College Rules and Safety Regulations

I agree to abide by the College Rules and Safety Regulations

Signed:

Print name:

Date:

Privacy Notice – how we use your personal information

The personal information you provide is passed to the Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

You can opt out of contact for other purposes by completing the following:

- Tick this box if you do not wish to be contacted about courses or learning opportunities
- Tick this box if you do not wish to be contacted for surveys and research not directly relating to student feedback

If you are happy to be contacted please indicate how we may contact you:

- by post
- by phone
- by e-mail

Further information about use of / access to your personal data and details of organisations with whom we regularly share data are available at:

www.gov.uk/government/publications/sfa-privacy-notice