

Part Time Enrolment Form & Learning Agreement 2018/2019



Please complete this form in **BLOCK CAPITALS** with a ballpoint pen. If you have any difficulties in completing the form or would like a large print version please contact Student Services (01793) 498106
Please return to: Student Services, North Star Avenue, Swindon, SN2 1DY.

1. I would like to enrol on: Please use course title and code shown in the course guide.

Official use only

Course Title	Course Code	Day	Fee in the Course Guide	Planned Start Date	Planned End Date	Waiver	Planned Learning Hours	Planned EEP Hours

2. Residency

Are you or your parent/guardian here on a student visa?

Yes No **If yes,** Please specify country of residence:

(Country of Domicile) _____

Have you been resident in the EEA* for 3 years prior to this enrolment?

Yes No **If no,** please specify country of residence:

(Country of Domicile) _____

Are you an EEA Citizen?

Yes No **If no,** please specify country of residence:

(Country of Domicile) _____

If you are under 19 at the start of your programme, has your parent/guardian been resident in the EEA for 3 years prior to this enrolment?

Yes No **If no,** please specify country of residence:

(Country of Domicile) _____

3. About Yourself

Have you previously enrolled on a course at Swindon College? Yes No

ID verification type

ID Number: _____

Unique Learner Number: _____

Title (Mr/Mrs/Miss/Ms/Dr): _____

Gender: Male Female

Surname: _____

Forename(s): _____

Home Address: _____

Postcode: _____

Years at Address: _____ Date of Birth: _____

Previous Address: _____

Postcode: _____

Nationality: _____

Home contact number: _____

Work contact number: _____

Mobile contact number: _____

Email Address: _____

Are you currently enrolled at another educational institution?

Yes No **If yes,** please specify the educational institution:

Have you been in full time education or training prior to this enrolment? Yes No

Do you have any unspent criminal convictions? Yes No

If yes, please specify below:

Household situation - For 19+ Learners only

Please tick the appropriate boxes:

HHS1 - No household member is in employment and the household includes one or more dependent children

HHS2 - No household member is in employment and the household does not include any dependent children

HHS3 - Learner lives in a single adult household with dependent children

Prefer not to say

None of the above applies

4. First and Second Emergency Contact Details

1. Name: _____

Contact number: _____

Relationship: _____

2. Name: _____

Contact number: _____

Relationship: _____

5. Employment/Unemployment Status

National Insurance Number: _____

(Please tick all relevant boxes)

Not in Paid Employment:

Looking for work and available to start work

Not looking for work and/or not available to start work

Unemployed for:

Less than 6 months 6-11 months

12-23 months 24-35 months

36 months or more

In receipt of JSA* In receipt of ESA (WRAG)*

In receipt of UC* because you are unemployed and are required to undertake skills training

In receipt of another state benefit other than JSA, ESA (WRAG) or UC. Please specify _____

In receipt of another state benefit other than JSA, ESA (WRAG) or UC. Please specify _____

In receipt of another state benefit other than JSA, ESA (WRAG) or UC. Please specify _____

In Paid Employment:

0-10 hours per week 11-20 hours per week

21-30 hours per week 31+ hours per week

Self-employed

If self-employed please also tick the relevant box to confirm your hours per week.

In Paid Employment:

4-6 months 7-12 months More than 12 months

* JSA = Job Seeker's Allowance | ESA = Employment Support Allowance | WRAG = Work Related Activity Group | UC = Universal Credit | EEA Countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom

6. Previous Qualifications

What is your highest current qualification?
(Please tick one box only). *Must be completed.*

No qualifications

Entry Level e.g. Basic Skills

Other qualifications below Level 1.

Please state _____

Level 1 e.g. NVQ 1, 5 or more GCSEs D-G or 1-3, or fewer than 5 at grades A*-C or 4-9, or Level 1 Diploma/Certificate/Award.

Full Level 2 e.g. NVQ 2, 5 or more GCSEs A*-C or 4-9, 2 or 3 AS levels, Level 2 Diploma/Certificate.

Full Level 3 e.g. NVQ 3, 2 or more A levels or Level 3 Diploma/Certificate.

Level 4 e.g. NVQ 4 or HND or Professional Diploma.

Level 5 e.g. Foundation Degree HND or NVQ 5.

Level 6 e.g. Award, Certificate, Diploma Degree.

Level 7 e.g. Award, Certificate, Diploma Masters Degree.

Other please state _____

What is your current Maths GCSE grade? _____

Was this achieved by the end of year 11? _____

What is your current English GCSE grade? _____

Was this achieved by the end of year 11? _____

7. Do you wish to claim a reduction in fees?

This information is Private and Confidential.

I wish to claim reduced fees and I receive the following benefit(s)

- Job Seeker's Allowance
- Employment Support Allowance
- Universal Credit - because you are unemployed and are required to undertake skills training

Important

You must inform the College of any change which could affect your fee reduction

8. How will your fees be paid?

I wish to pay fee(s) totalling £ _____

(Please tick all relevant boxes)

Full payment by Cash (please do not send cash if enrolling by post)

Full payment by Cheque (please make payable to Swindon College)

Full payment by Credit/Debit Card

Instalments by Credit/Debit Card these can be agreed for fees over £100. You pay the first instalment on enrolment followed by monthly instalments. Balance is to be paid by February 2019.

Invoice to Employer. Please enclose a letter of authorisation from your employer if they are paying your course fees.

I will claim my course fees back from my employer

Employer's Name: _____

Employer's Address: _____

Staff Development unit (Activity code) _____

Other, please specify: _____

9. How did you hear about the course(s)?

Please complete the following - It will help us with our future planning

(Please tick all relevant boxes)

- | | | | |
|---------------------------|--------------------------|--------------------------------|--------------------------|
| Schools Careers | <input type="checkbox"/> | Leaflet through door | <input type="checkbox"/> |
| Radio Advert | <input type="checkbox"/> | Leaflet in the local community | <input type="checkbox"/> |
| Press Advert | <input type="checkbox"/> | Swindon College Open Event | <input type="checkbox"/> |
| Friend/Relative/Colleague | <input type="checkbox"/> | Previous Course Tutor | <input type="checkbox"/> |
| Visited the College | <input type="checkbox"/> | Employer/Workplace | <input type="checkbox"/> |
| Swindon College Facebook | <input type="checkbox"/> | Twitter/Facebook | <input type="checkbox"/> |
| Search Engine e.g. Google | <input type="checkbox"/> | Swindon College Website | <input type="checkbox"/> |

Other, please state: _____

10. Support for Learning

Swindon College wishes to support you in your learning and recognises that some students have a disability or a learning difficulty. This information is completely confidential and does not affect your application to Swindon College. If you feel you may require support during your learning, please specify: e.g. Visual impairment, Dyslexia.

Please state: _____

If you have more than one disability or learning difficulty, please indicate which is your primary disability/learning difficulty.

Please state: _____

11. Equality of Opportunity

Please complete the following information accurately to help the College comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by a limited number of staff and our reporting mechanisms guarantee data protection.

Please indicate your ethnic group:

White: English/Welsh/Scottish/Northern Irish/British
Irish Gypsy or Irish Traveller Other White background

Mixed/Multiple ethnic group:

White & Black Caribbean White & Black African
White & Asian Other Mixed/Multiple ethnic background

Asian/Asian British:

Indian Pakistani Bangladeshi Chinese
Other Asian background

Black/African/Caribbean/Black British:

African Caribbean
Other Black/African/Caribbean

Other Ethnic group: Arab Other ethnic group

The following questions are not compulsory but we would appreciate you providing this information for equality monitoring purposes:

Marital Status: Are you married/in a civil partnership? Yes No

Sexual Orientation: Homosexual/Gay/Lesbian Bisexual
Heterosexual Other (please state) _____

if you do not wish to specify, please tick here

Faith or Belief: _____

Pregnancy and Maternity. Are you currently pregnant or within any type of maternity leave? Yes No

Gender Reassignment. Are you proposing to undergo, undergoing or have undergone gender reassignment? Yes No

12. Data Protection Statement & Privacy Notice

What Swindon College does with your Data

The personal information you provide on this form will be entered on to Swindon College's student record system. This will ensure we have correct personal details recorded. The personal details stored on Swindon College's student record system will be retained until 31 December 2030. Only Swindon College Staff have access to the student record system. To understand how your own personal information is processed, used, details of who we may share this information with, and your rights, please refer to the Privacy Notice, which can be accessed via <https://www.swindon.ac.uk/Privacy-Policy> and the Data Protection policy, which can be accessed via <https://www.swindon.ac.uk/SwindonCollege/media/images/standard/Data-Protection-Policy-new.pdf>

Swindon College may occasionally send you information about courses, events and new developments.

Please tick the relevant boxes to confirm we may contact you about:

Courses **Events** **New Developments** **By post** **By text** **By e-mail**

Please tick to confirm Swindon College may use your images in photography/videos for publicity purposes

Under legal obligation, some of the information provided will be shared with the Government's Education and Skills Funding Agency. Please read the ESFA & Learning Records Service privacy notices below for information on how they use your personal data.

This form will be held in a locked filing/archive room until 31 December 2030 before being destroyed. Only the CIS Data Team and Estates will have access to the archives. If you require access to your records whilst at Swindon College, please contact the CIS Data Team on 01793 491591.

For learners under the age of 19 as at 31 August in the year of the start of your programme, your parents/guardian may be consulted with regard to your progress.

ESFA Privacy Notice

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and create and maintain a unique learning number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities **For surveys and research**

By post **By phone** **By e-mail**

For further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

LRS Privacy Notice

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and create your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>

13. Student Declaration

Please read this section carefully. If there is anything that you do not understand, please contact Swindon College Admissions, Advice and Guidance before signing the declaration.

I can confirm that I understand that my course is funded by the European Social Fund. I confirm that I have received information and advice about my choice of learning programme through the Part Time Course Guide and/or Swindon College Staff.

As a result of this information and advice, I state that:

I understand the implications of my choice of learning programme.

I understand the entry requirements of each learning aim within my chosen learning programme. The learning programme suits my needs, progression and personal ambitions. A check was carried out to see if previous experience or qualifications could be counted towards the course.

I know what additional support (practical, child care, tutor, financial) is available in order to help me complete the course.

I understand that refunds will only be given in exceptional circumstances.

If I withdraw from the course I am still liable for fees.

Advice and Guidance assessment was provided by:

Staff Member: _____

Signed: _____

I confirm the information provided to Swindon College is correct. I agree to abide by Swindon College regulations, procedures and policies, which can be accessed via <https://www.swindon.ac.uk/About-Swindon-College/Policies-and-Procedures.aspx>

I agree to inform the College in writing of the following:

- Any change in circumstances that may affect my fee status e.g. receiving benefit.
- Any medical condition which may affect my performance on the learning programme or in College activities.

I understand that all courses are subject to change in light of enrolments and patterns of attendance. It is my intention to complete the programme and register for qualifications if applicable. Swindon College reserves the right to use work generated by learner for publicity purposes up to 5 years from enrolment.

I understand this form is a learning agreement between Swindon College and myself.

Signature: _____

Date: _____

**If you require your information to be altered please write to:
College Information Services, Swindon College, North Star Avenue, Swindon, SN2 1DY**



Official use only

Audited by:

Date audited:

Official use only

Receipt