

# Enrolment Card/Learning Agreement 2008/2009

Title:  Mr  Mrs  Ms  Miss

MIS No. \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

Tel No. (Eve) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**If you are enrolling by post, please remember to enclose payment and benefit proof if claiming concessions**

## Student Monitoring Information

Ethnicity: *(Please tick the relevant box)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 11 Bangladeshi | <input type="checkbox"/> 17 Black Other                     | <input type="checkbox"/> 23 White – British |
| <input type="checkbox"/> 12 Indian      | <input type="checkbox"/> 18 Chinese                         | <input type="checkbox"/> 24 White – Irish   |
| <input type="checkbox"/> 13 Pakistani   | <input type="checkbox"/> 19 Mixed – White & Asian           | <input type="checkbox"/> 25 White – Other   |
| <input type="checkbox"/> 14 Asian Other | <input type="checkbox"/> 20 Mixed – White & Black African   | <input type="checkbox"/> 98 Any Other       |
| <input type="checkbox"/> 15 African     | <input type="checkbox"/> 21 Mixed – White & Black Caribbean |   |
| <input type="checkbox"/> 16 Caribbean   | <input type="checkbox"/> 22 Mixed – Other                   |   |

Where have you been living since 1st September 2005?

- |                                     |                                   |   |
|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> UK         |                                   | <input type="checkbox"/> Are you a Hounslow Home's tenant?    |
| <input type="checkbox"/> Other EU   | <u>Please state Country</u> _____ | <input type="checkbox"/> Are you an Asylum Seeker or Refugee? |
| <input type="checkbox"/> Outside EU | <u>Please state Country</u> _____ |   |

Are you a lone parent of child(ren) under 16? If so, please tick

## Disability

*Please tick relevant box(es)*

- 98 No Disability
- 01 Visual impairment
- 02 Hearing impairment
- 03 Disability affecting mobility
- 04 Other physical disability
- 05 Other medical condition
- 06 Emotional/behavioural difficulties
- 07 Mental ill health
- 08 Temporary disability after illness
- 09 Profound/complex disabilities
- 10 Asperger's Syndrome
- 90 Multiple disabilities
- 97 Other

## Learning Difficulty

*Please tick relevant box(es)*

- 98 No Learning Difficulty
  - 01 Moderate Learning Difficulties
  - 02 Severe Learning Difficulties
  - 10 Dyslexia
  - 11 Dyscalculia
  - 19 Other specific Learning Difficulties
  - 20 Autism Spectrum Disorder
  - 90 Multiple Learning Difficulties
  - 97 Other
- Please tick if you would like to discuss your Support Needs.

## Prior Learning

Please indicate which statement best describes your achievements in education to date:

- |  |   |
|--|---|
| <input type="checkbox"/> Level 0 (Basic Skills – National Tests)                             | <input type="checkbox"/> Full Level 3(2 or more A-Levels, 4 AS, or Diploma) |
| <input type="checkbox"/> Level 1 (more qualifications than Level 0, but less than Level 2)   | <input type="checkbox"/> Level 4 (Degree)                                   |
| <input type="checkbox"/> Full Level 2(5 GCSE O-Level grades A-C, 1 A-Level or 2/3 AS-Levels) | <input type="checkbox"/> Level 5(Higher Degree)                             |

**Please tick which Category applies to you**

Proof of benefit is required. Concessions must be claimed at time of enrolment. They cannot be claimed retrospectively.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asylum Seeker/Refugee                | <input type="checkbox"/> Working Tax Credit                     | <input type="checkbox"/> Bursary/Employer paying all or part |
| <input type="checkbox"/> Aged 16-18 on 31.08.08               | <input type="checkbox"/> Council Tax Benefit                    | <input type="checkbox"/> Hounslow Homes free course          |
| <input type="checkbox"/> Job Seeker's Allowance               | <input type="checkbox"/> Income Support                         | <input type="checkbox"/> Surestart Member                    |
| <input type="checkbox"/> Disability Living Allowance          | <input type="checkbox"/> Housing Benefit                        | <input type="checkbox"/> Staff Voucher                       |
| <input type="checkbox"/> Incapacity Benefit                   | <input type="checkbox"/> Unwaged dependant of benefit recipient | <input type="checkbox"/> First full Level 2 Qualification    |
| <input type="checkbox"/> Pension Credit                       | <input type="checkbox"/> Disabled Person's Tax Credit           |  |
| <input type="checkbox"/> <b>Office Use:</b> Evidence Attached |   |  |

**Course Details**

Course Code	Course Title	Site	Day	Time	Crèche Places	Course Fee £	Payment Type	Receipt No.	MIS

**Credit Card Payments (Only complete this section if you are paying by Credit Card)**

I authorise you to debit my:

- Visa    Visa Debit    Delta    Mastercard    Switch/Maestro

For (Amount) £ :

Cardholder's Name

House No. & Post Code (if different from overleaf )

House No.

Post Code

Card Number

Start Date

/

Expiry Date

/

Switch Issue No.

Security Code

Signature

Date

Guidance & Notes: It is important that you complete the form as fully as possible as failure to do so may delay your enrolment. If you require help completing this form, please contact a member of staff. Data Protection Act 1998 - The information you provide on this form will be passed to the Learning & Skills Council (the Council is registered under the Data Protection Act 1998), primarily for the collection and analysis of statistical data.

The Council will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistics and research. This will allow the Council and its partners to monitor performance, improve quality and plan future provision.

**Student Declaration**

I certify that the information given is correct and that my address is as stated. I will inform the Centre of any changes to my circumstances relating to my eligibility for concessionary fees. I agree to abide by the regulations of the Council and its Health & Safety policy. I am satisfied with the information & guidance I have received on my choice of course(s) and that this Enrolment Card/Learning Agreement reflects this choice.

Signed (Student)

Date

Signed (Staff)

Date