

Adult Learning Lewisham Enrolment Form 2018-2019



Please refer to our Terms and Conditions before completing this form

Person code (for office use)	<input type="text"/>								
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Personal Details- please write clearly in capitals

Title	Mr	Miss	Mrs	Ms	Dr	Address	<input type="text"/>		
First name	<input type="text"/>					<input type="text"/>			
Middle name	<input type="text"/>					<input type="text"/>			
Family name	<input type="text"/>					<input type="text"/>			
Date of birth	<input type="text"/> DD/ MM/ YYYY			Gender	M	F	Post code	<input type="text"/>	<input type="text"/>

IMPORTANT – THE NAME YOU INSERT ABOVE WILL APPEAR ON ANY EXAMINATION CERTIFICATES

Home phone	<input type="text"/>	National Insurance number	<input type="text"/>
Mobile phone	<input type="text"/>	We use text messages to let you know of any changes and to keep in touch during and after your course.	
Email address	<input type="text"/>		

Residential Status/Entitlement

Tick here if you are a UK citizen (or have the Right of Abode in the UK) or National of European Union (EU) or of a European Economic Area (EEA) country

Tick here if you have been resident in European Economic Area (EEA) for last 3 years or more (or if you are the spouse, civil partner or child of the above).

If you are unable to tick the boxes above, we will need to discuss this matter further. You may need to provide us with documentary evidence.

Type of ID provided Checked by

Additional Learning Support Needs

We aim to ensure all our learners enjoy their time with A.L.L. and have access to any assistance that may be available. We can provide assistance with English and Maths or other assistance with your learning such as audio or visual equipment.

Please tick here if you would like to be contacted by one of our support staff for more information.

Mobility and assistance

Tick here if you are a wheelchair user.

Tick here if you have other mobility issues which may require assistance

If you have ticked either of these boxes, a member of staff will contact you.

Ethnic Origin			Learning Difficulties, Disabilities and Health Problems		
Please tick one box to indicate your ethnic origin			Please tick to indicate all disabilities, learning difficulties and/or health problems you have.		Please tick the one that affects your learning the most.
White			No disability or learning difficulty	91	<input type="checkbox"/>
English / Welsh / Scottish / Northern Irish / British	31	<input type="checkbox"/>	Visual impairment	04	<input type="checkbox"/>
Irish	32	<input type="checkbox"/>	Hearing impairment	05	<input type="checkbox"/>
Gypsy or Irish Traveller	33	<input type="checkbox"/>	Disability affecting mobility	06	<input type="checkbox"/>
Any other White Background	34	<input type="checkbox"/>	Profound/complex disabilities	07	<input type="checkbox"/>
Mixed /Multiple Ethnic Groups			Social and emotional difficulties	08	<input type="checkbox"/>
White and Black Caribbean	35	<input type="checkbox"/>	Mental health difficulty	09	<input type="checkbox"/>
White and Black African	36	<input type="checkbox"/>	Moderate learning difficulty	10	<input type="checkbox"/>
White and Asian	37	<input type="checkbox"/>	Severe learning difficulty	11	<input type="checkbox"/>
Any Other Mixed / multiple ethnic background	38	<input type="checkbox"/>	Dyslexia	12	<input type="checkbox"/>
Asian/Asian British			Dyscalculia	13	<input type="checkbox"/>
Indian	39	<input type="checkbox"/>	Autism spectrum disorder	14	<input type="checkbox"/>
Pakistani	40	<input type="checkbox"/>	Asperger's syndrome	15	<input type="checkbox"/>
Bangladeshi	41	<input type="checkbox"/>	Temporary disability after illness (for example post-viral) or accident	16	<input type="checkbox"/>
Chinese	42	<input type="checkbox"/>	Other physical disability	93	<input type="checkbox"/>
Any other Asian background	43	<input type="checkbox"/>	Other specific learning difficulty (e.g. Dyspraxia)	94	<input type="checkbox"/>
Black/African/Caribbean/Black British			Other medical condition (e.g. epilepsy, asthma, diabetes)	95	<input type="checkbox"/>
African	44	<input type="checkbox"/>	Other learning difficulty	96	<input type="checkbox"/>
Caribbean	45	<input type="checkbox"/>	Other disability	97	<input type="checkbox"/>
Any other Black / African / Caribbean background	46	<input type="checkbox"/>	Prefer not to say	98	<input type="checkbox"/>
Other Ethnic Group			Not provided	99	<input type="checkbox"/>
Arab	47	<input type="checkbox"/>	If you have an Education, Health and Care Plan, please tick here		
Any other ethnic group	98	<input type="checkbox"/>	If you have a Learning Difficulty Assessment, please tick here		

First Language

What is your first language (i.e. the first language you learned to speak)?

Employment Status

Data about a learner's employment status is collected to gauge our contribution to improving the employability of our learners, and to determine if you are entitled to a reduced fee. Please tick **one** of the following options to indicate your expected employment status on the first day of your course. Please advise if this status changes before you start your course.

I am self-employed and work <input type="text"/> hours per week (on average)	<input type="checkbox"/>
I am employed for <input type="text"/> hours per week	<input type="checkbox"/>
I have been unemployed for <input type="text"/> months and am studying to get back into employment	<input type="checkbox"/>
I have been unemployed/ retired/ economically inactive for <input type="text"/> months and am not looking for work	<input type="checkbox"/>
Please advise if you are in receipt of any of the following benefits by ticking one box....	
Job Seekers Allowance <input type="checkbox"/>	Employment Support Allowance (WRAG) <input type="checkbox"/>
Universal Credit <input type="checkbox"/>	Another State Benefit: <input type="checkbox"/>

How did you hear about A.L.L.?

Please tick the box appropriate to you.	If you have a promo code enter it here <input type="text"/>		
I am an existing A.L.L. learner	<input type="checkbox"/>	Hotcourses/ Floodlight	<input type="checkbox"/>
A.L.L. Guide to courses (from a local A.L.L. Centre or Library)	<input type="checkbox"/>	Social networking site e.g. Facebook, Twitter	<input type="checkbox"/>
Recommended by family/friend	<input type="checkbox"/>	Local event – please state which	<input type="checkbox"/>
Leaflet or poster	<input type="checkbox"/>	Lewisham Council website	<input type="checkbox"/>
Advertisement	<input type="checkbox"/>	My child's school or children centre	<input type="checkbox"/>
Lewisham Life e-newsletter/ email notification	<input type="checkbox"/>	Another source – please state below	<input type="checkbox"/>

Courses you wish to enrol on

Course Code	Course Title	Expected Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Details

Emergency contact name <input type="text"/>	Emergency contact no. <input type="text"/>
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How and why we contact you

We may use texts, phone and email to contact you with urgent information, such as a class cancellation, or to gather information required by our funders. This section relates to all other communications.

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 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 to create and maintain a unique learner 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 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.

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>

Adult Learning Lewisham is the adult education service for the London Borough of Lewisham. Your data is used by A.L.L. and L.B.L. to analyse our performance and to make improvements to our services. Your data will be shared with the Department for Education if your learning is subsidised by them, otherwise we will not share your data with anyone. You can request a copy of any information that we hold about you from The MIS team at A.L.L.. Your data is held securely on protected IT systems and in locked storage, it will be destroyed once we have met our statutory obligations to DfE and the European Social Fund.

I consent to my data being held for the reasons explained above. Please tick here (failure to give consent will mean you cannot study with us).

Reason for, or method of, contact	Yes, contact me	No thanks
Get your opinion and feedback from surveys or research by A.L.L. or our funders (feedback is really useful to us, so a "yes" is appreciated)	<input type="checkbox"/>	<input type="checkbox"/>
Send you information about courses or opportunities at A.L.L. or other colleges	<input type="checkbox"/>	<input type="checkbox"/>
Contact you by post	<input type="checkbox"/>	<input type="checkbox"/>
Contact you by phone	<input type="checkbox"/>	<input type="checkbox"/>
Contact you by email	<input type="checkbox"/>	<input type="checkbox"/>
Send you the Lewisham Life e-newsletter which includes news about our community, special offers and competitions, events in your area and information from Lewisham Council	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I confirm that the information given above is accurate to the best of my knowledge. I agree to abide by the rules and regulations of Adult Learning Lewisham including those contained in its refund policies. I am satisfied that the appropriate advice and information about the course has been made available to me prior to my enrolment. I have read and understood the Terms and Conditions.

Signature: _____ Date: _____

Qualifications (Prior Attainment Level)

The Skills Funding Agency monitors learners' attainment levels. Please tick the highest level that you have attained. ([Examples can also be found in the Terms and Conditions](#))

Entry Level (e.g. Entry Level Functional Skills English and Maths or ESOL Entry level)	09	<input type="checkbox"/>	Level 5 (e.g. Foundation Degree)	11	<input type="checkbox"/>
Other qualifications below Level 1 (e.g. one module of a Level 1 qualification)	07	<input type="checkbox"/>	Level 6 (e.g. Degree with Honours)	12	<input type="checkbox"/>
Level 1 (e.g. Functional Skills Level 1 English or Maths, ESOL Level 1)	01	<input type="checkbox"/>	Level 7 and above (e.g. Masters Degree)	13	<input type="checkbox"/>
Full level 2 (e.g. 5 or more grade A-C GCSE or O level, or NVQ or QCF Level 2)	02	<input type="checkbox"/>	Other qualification, level not known	97	<input type="checkbox"/>
Full level 3 (e.g. 2 or more A Levels, 4 or more AS Levels, or NVQ or QCF Level 3)	03	<input type="checkbox"/>	Not known	98	<input type="checkbox"/>
Level 4 (e.g. Certificate of Higher Education)	10	<input type="checkbox"/>	No qualifications	99	<input type="checkbox"/>

Household situation

Please tick one or more of the following statements which apply to your household at the start of your course:

- No member of the household in which I live (including myself) is employed and the household includes one or more dependent children
- No member of the household in which I live (including myself) is employed and the household does not include any dependent children
- The household that I live in includes only one adult (aged 18 or over) with dependent children
- I do not wish to supply this information
- None of these statements apply

Examination Certificates

The name that will appear on your certificate will be the name you insert in 'Personal Details' above, all Examination Certificates will be posted to the address we hold for you at the time. It is therefore important that let us know if your address changes. [Please tick here if you DO NOT want your Examination Certificates posted to you.](#)

Declaration

I confirm that all information on this page is accurate to the best of my knowledge.

Signature: _____ Date: _____