

ENROLMENT FORM 2016/2017

Please indicate the course you wish to enrol on:

| Course(s) Title | Course Number(s) | Course Fee £ |
|-----------------|------------------|--------------|
| 1 | | |
| 2 | | |

| | | | |
|--|--|---|-------------|
| Title: (Mr/Mrs/Miss/Ms/Other) | | Forename: | |
| Surname: | | Date of Birth: | Gender: M/F |
| Address: | | | |
| | | | |
| Postcode: | | Time spent at current address: | |
| Tel eve: | | Previous postcode if less than 4 years | |
| Tel day: | | Learner no. (if known) | |
| Mobile: | | Unique Learner no. (if known) | |
| Email: | | Office use only – ULN ID evidence | |
| Country of normal residence: | | Nationality | |
| Have you lived outside the EU in the past 3 years? Y / N If 'yes' what country? | | Have you taken part in any learning in the past 3 years? Y / N | |

Reduced Fees

You may be eligible to pay a reduced fee or join a course free of charge if you are in receipt of an income based benefit. Further details can be found on the inside back cover of this brochure, on our website www.acreslearning.org.uk under the learners Tab - Frequently Asked Questions – ‘Am I entitled to pay reduced fees?’ or by telephoning the ACRES’ office on **01825 761820**.

Payment

Details of how to enrol and pay can be found on the inside back cover of this brochure, by telephoning the ACRES’ Office on 01825 761820 or by visiting our website www.acreslearning.org.uk and looking under the Learner tab – ‘How to Enrol’.

Postal enrolments can be made by cheque or card. Please make cheques payable to **East Sussex County Council** and write the course code and your name on the back or enter your card details below.

| | | | |
|--|------------------|---------------------------|--------------------------|
| Full payment/staged payment (delete as appropriate) enclosed for £ paid by cheque/debit card/credit card | | | |
| Cardholder's name | | | |
| Security Code (last three numbers on reverse of card) | | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit/Debit card no: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Expiry date: | Valid from date: | Issue no: (if applicable) | |

If an email address has been supplied, your course confirmation documents will be emailed to you.

If you wish to receive them by post tick here.

Ethnic Origin

| | | | |
|---|--|--|--|
| White | | Asian/Asian British | |
| English/Welsh/Scottish/Northern Irish/British | | Indian | |
| Irish | | Pakistani | |
| Gypsy or Irish Traveller | | Bangladeshi | |
| Any other white background | | Chinese | |
| Mixed/Multiple Ethnic group | | Any other Asian Background | |
| White and Black Caribbean | | Black/African/Caribbean/Black British | |
| White and Black African | | African | |
| White Asian | | Caribbean | |
| Any other mixed/multiple ethnic background | | Any other Black/African/Caribbean background | |
| Arab | | Any other ethnic group | |

Disability, Health Issues and Learning Difficulties

| | | | | |
|---|------------|--|-----------|--|
| Do you have a disability of health problems? | Yes | | No | |
| Do you have a learning difficulty? | Yes | | No | |

If 'yes' please indicate the nature of your disability, learning difficulty and/or health problem below:

| | | | |
|-----------------------------------|--|--|--|
| Visual impairment | | Temporary disability after illness (eg post-viral) or accident | |
| Hearing impairment | | Speech, language and communication needs | |
| Disability affecting mobility | | Other physical disability | |
| Profound complex disabilities | | Other specific learning difficulty eg Dyspraxia | |
| Social and emotional difficulties | | Other medical condition eg epilepsy, asthma, diabetes | |
| Mental health difficulty | | Other learning difficulty | |
| Moderate learning difficulty | | Other disability | |
| Severe learning difficulty | | Prefer not to say | |
| Dyslexia | | Please state if you have any other specific needs you wish to be supported with: | |
| Dyscalculia | | | |
| Autism spectrum disorder | | Would you like our Learner Support Officer to contact you to discuss your needs? Y /N Please note that any contact will be made in the strictest confidence. | |
| Asperger's syndrome | | | |

Please note that a health questionnaire must be completed by all learners prior to attending a physical activity course.

Unique Learner Number (ULN)

All learners are issued with a ULN which enables their educational achievements to be tracked. This is not used for marketing purposes but can be shared with other learning organisations.

| | | | | |
|---|------------|--|-----------|--|
| Do you give permission for this data to be shared? | Yes | | No | |
|---|------------|--|-----------|--|

Please help us to monitor the impact of our marketing by indicating below how you found out about the Adult College for Rural East Sussex

| | | | |
|--|--|------------------------|--|
| Existing learner | | ACRES' website | |
| Rang for brochure | | Other website | |
| Brochure through door | | Through school/college | |
| Promotional event | | Word of mouth | |
| Poster | | Other | |
| Radio | | | |
| If there is a course not included in our programme that you would like to see offered, please let us know here | | | |

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 ticking any of the following boxes if you do not wish to be contacted:

| | | | |
|---|--|-----------|--|
| About courses or learning opportunities | | By phone | |
| For surveys and research | | By e-mail | |
| By post | | | |

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>

Employment Status – Please indicate if you are:

| | | | | | | | | | | |
|---|--|-------------|----------------|--------------|--------------------------------------|--------------|--|-------------------|-------------|--|
| Not in paid employment, looking for work and available to start work | | | | | | | | | | |
| Not in paid employment, not looking for work and/or not available to start work/retired | | | | | | | | | | |
| In paid employment | | | | | Self Employed | | | | | |
| If employed or self employed: | | | | | | | | | | |
| How many hours do you work per week? | | | 1-15 hours | | | 16-19 hours | | | 20+ hours | |
| How long have you been employed? | | | Up to 3 months | | | 4-6 months | | | 7-12 months | |
| | | | | | | | | | 12 month+ | |
| If unemployed: | | | | | | | | | | |
| How long have you been unemployed? | | | | | | | | | | |
| Less than 6 months | | 6-11 months | | 12-23 months | | 24-35 months | | 36 months or more | | |
| You were previously in full time education or training | | | | | | | | | | |
| Please indicate which state benefit you receive: | | | | | | | | | | |
| Job Seekers Allowance (JSA) | | | | | Universal Credit | | | | | |
| Employment and Support Allowance – Work Related Activity Group(ESA WRAG) | | | | | Have you been mandated for training? | | | | | |
| Another State benefit other than JSA, Universal Credit or ESA (WRAG) | | | | | | | | | | |

Declaration

I understand that the information I have provided will be kept on a computerised information system and will be processed in accordance with the Data Protection Act 1998 and 2003. Please see Privacy Notice above. I agree that having enrolled on the above course(s), I am liable to pay the course fee in full, subject to the cooling off criteria as described in our terms and conditions. I understand that a course may be cancelled if insufficient learners enrol and a full refund will be given in these circumstances. Applications for a refund will also be considered if withdrawing from a course on medical grounds, on production of medical evidence.

Signed:

Date:

Please note that should a learner be unable to attend the course or withdraw from a course before all sessions have taken place, the place and fees are not transferable to another learner.

Please return your completed enrolment form to:

ACRES Office,
Uckfield Community Technology College,
Downsview Crescent,
Uckfield,
East Sussex
TN22 3DJ



Exam Course Applicants Only (courses marked with * in the course title)

Enrolment on an exam course requires completion of additional information. Please complete the information requested below. If you are unemployed or eligible for a free course, you will also be required to complete a further declaration form, which will be sent to you once you have enrolled.

Evidence of ID

If you are taking an accredited course we are required to see evidence of ID. Please supply two of the following: passport, driving licence, ID card or other form of identification, benefits documentation, examination certificates or bank card, as well as providing us with your National Insurance number. Existing learners need only supply one form of ID. We appreciate that existing learners will have supplied ID in previous years however; it is a condition of funding that ID is seen each year.

| | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|
| National Insurance Number | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|

Your highest qualification – Please tick one box that applies to you

| | |
|---|--|
| Entry level | |
| Other qualification below level 1 | |
| Level 1 - eg GCSE/'O' Level (5 or more at grade D-G or fewer than 5 at grades A-C), CSE below grade 1, 1 AS Level, Functional Skills, Certificate in Adult Literacy, Numeracy, ESOL at Level 1, GNVQ Foundation, NVQ Level 1, Level 1 Key Skills | |
| Full level 2 - eg GCSE/'O' Level (5 or more GCSEs grades A*-C), 2 or 3 AS Levels, CSE Grade 1 (5 or more), 1 A Level, NVQ Level 2, GNVQ Intermediate | |
| Full level 3 - eg A Levels (2 or more advanced level passes), 4 or more AS Levels, GNVQ Advanced, NVQ Level 3 | |
| Level 4 or above – eg Certificate of Higher Education, Foundation Degree, Bachelor's Degree (graduate certificates and diplomas), Doctorates, Masters Degrees (postgraduate certificates and diplomas), please specify | |
| Other qualification | |
| I have no qualifications | |