

Family Name  First Name

Date of Birth

**Unique Learner Number**  If you already have a ULN please provide No

**Parent/Carer E-mail**

**Prior Attainment** Please state level

PLACE COURSE LABEL HERE  
DO NOT WRITE IN THIS BOX  
FAD WILL NOT ACCEPT FORM  
WITHOUT THE CORRECT  
COURSE LABEL

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WITHOUT THE CORRECT  
COURSE LABEL

Amended start date

Amended start date

Amended end date

Amended end date

Is this student taking a resit?  Y  N

Is this student taking a resit? Y  N

Lecturer's name

Lecturer's signature

If Higher Education Funded course please indicate if this student has an Equivalent Learning Qualification (ELQ) Yes  No

If HE funded course, please tick to confirm that you have lived in the UK for a minimum of 3 years after having been given Unlimited Leave to Remain in the UK

If HE please provide student support number

**Employment Details**

**Employment status on day before starting course (Employment status monitoring)** Please tick (✓)

- 10  In paid employment  Full time education or training    11  Not in paid employment, looking for work & available to start work  
12  Not in paid employment, not looking for work & not available to start work    98  Not known/not provided

Date started employment – month/year

If unemployed - length of unemployment before starting course (A67) Date employment status changed

- 01  Less than 6 Months    02  6 to 11 Months    03  12 to 23 Months    04  24 to 35 Months  
05  Over 36 Months

Are you employed under contract for between 16 – 19 hours a week? Yes  No

or 20 + hours a week? Yes  No

Are you given time off for study? Yes  No

If your programme is work related you MUST complete the employer details below, including contact name and telephone number

Contact Name  Company Name

Address  Tel. No.

Postcode  Company E-mail

Date first started at your current employer  Please tick here if you are self-employed

Training Agent Name (if applicable)  EDRS No.

Subcontractor Name  Sub. No

**Information to Assess Your Fee Payment**

**Your Residential status** Which country have you lived in for the past 3 years?

Have you been living continuously in the UK or EU as a citizen since 1<sup>st</sup> Jan 2010? Yes  No

If no please write name of country

If you are not an UK/EU citizen, do you have permanent leave to remain in the UK/EU? Yes  No

If yes, when was that leave granted?

Are you an Asylum Seeker? Yes  No  Are you subject to Visa restrictions? Yes  No

Please tick (✓) which of these apply for fee payment

KEY:- \* Proof of benefit Required (not applicable for level 3 & above) \*\* Letter of intent required

- |   |   |
|---|---|
| <input type="checkbox"/> 16 to 18   | <input type="checkbox"/> Employer**                                   |
| <input type="checkbox"/> Job Seekers Allowance *  | <input type="checkbox"/> School Link (under 16)                       |
| <input type="checkbox"/> Employment Support Allowance (in the work related activity group)* | <input type="checkbox"/> 24 + Advanced Learning Loan for L3/L4 course |
| <input type="checkbox"/> Self Payer   | <input type="checkbox"/> Other: please specify <input type="text"/>   |
| <input type="checkbox"/> Work Based Learning**  |   |

Are you studying at another Educational Institution? Yes  No  If yes please give details

**STUDENTS REMAIN LIABLE FOR THE FULL PAYMENT OF COURSE FEES EVEN IF FINANCED BY A STUDENT LOAN. TUITION FEES ARE FOR EACH ACADEMIC YEAR (OR PART THEREOF) AND MAY BE SUBJECT TO CHANGE.**

**STUDENTS WHO WITHDRAW FROM A COURSE REMAIN LIABLE FOR THE FULL COURSE FEE. REFUNDS WILL ONLY BE GIVEN FOR COURSES THAT ARE CANCELLED. FEES DO NOT INCLUDE THE FOLLOWING: TRAVEL COSTS AND SPECIAL EQUIPMENT/CLOTHING**

**Sexual Orientation** Heterosexual  Bisexual  Homosexual  Transsexual   
Prefer not to say  Other (please state) \_\_\_\_\_

**Religion** Christian  Jewish  Muslim  Buddhist  Catholic   
Sikh  Hindu  Rastafarian  None   
Prefer not to say  Other (please state) \_\_\_\_\_

### Privacy Statement 2013/2014 (How We Use Your Personal Information)

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency (EFA) to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a Unique Learner Number (ULN) and share information about your learning. The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at:-

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The EFA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

Please tick a method by which you **do not** wish to be contacted, in respect of surveys, research, courses or learning opportunities.

Telephone  Post  E-mail

### Publicity opt out

I do not give the College permission for the College to use my image for College publicity and/or Marketing

**Student Contract:** I agree that all the above information is correct. I have received appropriate guidance prior to enrolling on this course. I accept my responsibility for the following: to meet the costs of the course, to attend regularly, to return all borrowed resources in the same condition that they were loaned, to follow the course of study, to undertake the appropriate qualification, to show respect for other College users and to follow College rules and instructions. I understand that I will seek assistance if I have problems with my progress onto and through my learning programme and that guidance, support, instruction and tuition will be made available appropriate to my learning needs. I agree to abide by all the College policies including the rules regarding acceptable use of IT and Internet facilities.

We reserve the right to contact parents/carers/employers regarding progress of those students aged 16 – 18 years. If you wish to opt out of this please write to: Funding & Data Office, Bexley College, Tower Road, Belvedere, Kent DA17 6JA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Verification provided		Enrolment details checked	
Evidence of benefits seen		Initial enrolment details input	
Waiver Type		Full enrolment details input	

Respect

Diversity

Aspiration

Integrity

Positivity