



# ENROLMENT AND LEARNER AGREEMENT FORM MIDDLESBROUGH ADULT EDUCATION SERVICE

Southlands Centre, Ormesby Road, Middlesbrough, TS3 0HB

OFFICE USE ONLY	CL	R	MI
Student Reference	Class No.		

**PLEASE COMPLETE IN BLOCK CAPITALS**

Unique Learner Number:

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<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mr
<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Dr
<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other

Surname

First Name



Address:

Date of Birth

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Postcode:

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Tel No.

Work

Mobile:

Email address:

**Ethnic Origin - Please Tick**

- (11) Asian or Asian Brit Bangladesh
- (12) Asian or Asian Brit Indian
- (13) Asian or Asian Brit Pakistani
- (14) Asian/Asian Brit other Asian
- (15) Black or Black Brit African
- (16) Black or Black Brit Caribbean
- (17) Black/Black Brit other Black
- (18) Chinese
- (19) Mixed - White & Asian
- (20) Mixed - White & Black African
- (21) Mixed - White & Black Caribbean
- (22) Mixed - other mixed background
- (23) White - British
- (24) White - Irish
- (25) White - other background
- (98) Any other

Are You a British citizen? Y/N (Please circle)      Nationality .....

Have you lived in the UK or EEA continuously for the last three years with no restrictions on your stay? Y/N

If no, are you married to a UK resident, and have you been a permanent resident of the UK/EEA for the past year? Y/N

If you are not a permanent UK/EEA resident, what was the date of your arrival in the UK/EEA and what is your country of residence? .....

Are you an Asylum Seeker? Y/N    Are You a Refugee? Y/N

**Please enrol me for the following Adult Education course(s): (Places can only be reserved on full payment of fees)**

Class No.	Course Title (Give alternative courses and number by indicating 'ALT')	Day	Time

**If claiming reduced fees please tick the relevant box and sign:**

- |  |   |
|--|---|
| <input type="checkbox"/> 01. 16-18 years old                               | <input type="checkbox"/> 10. Council Tax/Housing Benefit (not single persons reduction) |
| <input type="checkbox"/> 04. Income Support (not 14, 15)                   | <input type="checkbox"/> 10. ESA (income related element only)                          |
| <input type="checkbox"/> 08. Unwaged dependents (of codes: 04/14/15/21/23) | <input type="checkbox"/> 14. Asylum Seeker  |
| <input type="checkbox"/> 09. Skills for Life (not ESOL)                    | <input type="checkbox"/> 15. Job Seekers Allowance                                      |
| <input type="checkbox"/> 10. Hardship                                      | <input type="checkbox"/> 21. Working Tax Credit (not Child Tax Credit)                  |
|  | <input type="checkbox"/> 23. Pension Guarantee Credit                                   |

You **must** provide evidence of claiming reduced fees.

N.I. Number: .....

*"I confirm that I am entitled to claim reduced fees on the grounds that I qualify according to the rules outlined in the prospectus." I have attached evidence of my benefit.*

Please tell us briefly why you have chosen this course:

If your employer is paying your fees, please provide a letter from them confirming their responsibility for your course fees.

Employer ..... Address .....

..... Postcode .....

Tel: ..... Contact Name .....

Email .....

Late Learner Start Date: 

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**How did you learn about the course?**

- Word of Mouth
- Prospectus
- Previous Course
- Website
- Tutor
- Local Press
- Show/Exhibition
- Other. Please specify: .....

**Disability**

- I have a disability
- I am registered disabled

**Do you require any additional support ?**

- Yes (Please give details overleaf)
- I would like an appointment to discuss this further
- I will be bringing my own support worker

Have you been on a course, anywhere in the last 3 years?  Tick

I have been given all the information I need to decide whether I want to do the course. I have been advised of any educational, practical or financial help I can have. I give permission for the information given to be used for statistical purposes but know that it is covered by the Data Protection Act (see overleaf).

Signature: ..... Date: ..... Yes:  No:

**Please remember to include your stamped address envelope and payment and proof of benefit if applicable**

**FOR OFFICE USE ONLY**

Term	Class No.	Fee	Receipt No(s).
1 2 3			
Date/Initials			
ULN Evidence:			
Refund Details:	Input on MIS Y/N		

Please enclose a cheque payable to **MIDDLESBROUGH COUNCIL** or if paying by credit card please complete below:

Please charge my credit/debit card: Signature:.....

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Valid from: 

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 Valid to: 

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 Issue: 

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**Learning Difficulty/Disability** (please tick) if you require help for:

<input type="checkbox"/>	1 - Moderate learning difficulty	<input type="checkbox"/>	1 - Visual impairment	<input type="checkbox"/>	7 - Mental health difficulty
<input type="checkbox"/>	2 - Severe learning difficulty	<input type="checkbox"/>	2 - Hearing impairment	<input type="checkbox"/>	8 - Temporary disability after illness
<input type="checkbox"/>	10 - Dyslexia	<input type="checkbox"/>	3 - Disability affecting mobility	<input type="checkbox"/>	9 - Complex disabilities
<input type="checkbox"/>	11 - Dyscalculia	<input type="checkbox"/>	4 - Other physical disability	<input type="checkbox"/>	10 - Aspergers syndrome
<input type="checkbox"/>	19 - Other specific learning difficulty	<input type="checkbox"/>	5 - Other medical condition	<input type="checkbox"/>	90 - Multiple disabilities
<input type="checkbox"/>	20 - Autism spectrum disorder	<input type="checkbox"/>	6 - Emotional/Behavioural difficulties	<input type="checkbox"/>	97 - Other disability
<input type="checkbox"/>	90 - Multiple learning difficulties				
<input type="checkbox"/>	97 - Other learning difficulty			<input type="checkbox"/>	Wheelchair User

Or I don't consider myself to have a learning need or disability

**SUGGESTIONS:** Middlesbrough Adult Education would welcome any suggestions/ideas for future courses.


**Data Protection Act Statement 2010/11**

Data Protection Act 1998 – The personal information you provide is passed to the Chief Executive of Skills Funding Agency and, where required, the Young People’s Learning Agency for England (“the YPLA”) to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner’s Office. The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA. The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Children, Schools and Families, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations. The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN). Further information about use of and access to your information is available at: Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm> YPLA: <http://www.ypla.gov.uk/foi.htm> . At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding Agency 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.

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone. **Tick**  ✓

Tick this box if you do not wish to be contacted about courses or learning opportunities by post. **Tick**  ✓