

Office Use Only	CL	R	MI
Student Ref:	MIS Input By:		
	Class No:		
ULN:			

**Which course(s) would you like to enrol on?**

Class Number	Course Title	Day	Time	Late Start Date

What is the highest level qualification you have attained?

How did you hear about us and/or the courses you are enrolling on?

- Word of Mouth  
  Prospectus  
  Previous Course  
  Website  
  Advice and Guidance Worker  
  Facebook or Twitter  
 Local Press  
  Show/Exhibition  
  Tutor  
  Job Centre  
  Other:

**Personal Details**

Gender  Title  First Name  Surname  Date of Birth

Address  Telephone Numbers   
 Home:   
 Mobile:

Town  Post Code  Email Address

National Insurance Number

Are you currently unemployed?  Yes  No    **If unemployed** is this due to redundancy?  Yes  No

**Learner Declaration**

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.

Signature:  Date:

**Nationality**

Are you a British citizen?  Yes  No  
**If not** what is your nationality?   
 Have you lived in the UK/EEA continuously for the last three years without restrictions on your stay?  Yes  No  
**If not** are you married to a UK resident, and have you been a permanent resident in the UK/EEA for the past year?   
**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?  Yes  No  
 Are you a refugee?  Yes  No

**Ethnic Origin**

31 English / Welsh / Scottish / Northern Irish / British  
  46 Any other Black/African/Caribbean background  
  39 Indian  
 32 Irish  
  35 Mixed White and Black Caribbean  
  40 Pakistani  
 33 Gypsy or Irish Traveller  
  36 Mixed White and Black African  
  41 Bangladeshi  
 34 Any other white background  
  37 Mixed White and Asian  
  42 Chinese  
 44 African  
  38 Any other mixed / multiple ethnic background  
  43 Any other Asian Background  
 45 Caribbean  
  47 Arabic  
 Any other:

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Term			Class No	Fee	Receipt Nos	Learner Records Service	
1	2	3		Cash <input type="checkbox"/> Chq <input type="checkbox"/>		<input type="checkbox"/> Passport	<input type="checkbox"/> Examinations Certificate
Date/Initials						<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Bank card/debit card
FPN Shown						<input type="checkbox"/> ID card/other national ID	<input type="checkbox"/> Not Supplied
Refund Details						<input type="checkbox"/> National Insurance card	<input type="checkbox"/> Other
Input on MIS						<input type="checkbox"/> Benefits Documentation	<input type="checkbox"/> FPN Shown

**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 Young People's Learning Agency for England ("the YPLA") to meet legal duties 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). 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.ypla.gov.uk/privacy.htm>  
<http://www.learningrecordservice.org.uk/privacy-copyright.htm>

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone   
 Tick this box if you do not wish to be contacted about courses or learning opportunities by post

Tick this box if you would like to opt out of sharing data (LRS)

**Learner Support - Please tick any that apply**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am registered disabled                        | <input type="checkbox"/> I'd like an appointment to discuss this further               | <input type="checkbox"/> I will be bringing my own support worker |
| <input type="checkbox"/> 1 - Moderate learning difficulty                | <input type="checkbox"/> 1 - Visual impairment   | <input type="checkbox"/> 8 - Temporary disability after illness   |
| <input type="checkbox"/> 2 - Severe learning difficulty                  | <input type="checkbox"/> 2 - Hearing impairment  | <input type="checkbox"/> 9 - Profound complex disabilities        |
| <input type="checkbox"/> 10 - Dyslexia                                   | <input type="checkbox"/> 3 - Disability affecting mobility                             | <input type="checkbox"/> 10 - Aspergers syndrome                  |
| <input type="checkbox"/> 11 - Dyscalculia                                | <input type="checkbox"/> 4 - Other physical disability                                 | <input type="checkbox"/> 90 - Multiple disabilities               |
| <input type="checkbox"/> 19 - Other specific learning difficulty         | <input type="checkbox"/> 5 - Other medical condition (i.e. epilepsy, asthma, diabetes) | <input type="checkbox"/> 97 - Other disability                    |
| <input type="checkbox"/> 20 - Autism Spectrum Disorder                   | <input type="checkbox"/> 6 - Emotional/behavioural difficulties                        |   |
| <input type="checkbox"/> 90 - Multiple learning difficulties             | <input type="checkbox"/> 7 - Mental health difficulty                                  |   |
| <input type="checkbox"/> 97 - Other learning difficulty (describe below) |  |   |

**I would like to enquire about financial support for help with (Contact: Claire Taylor, 01642 225911):**

*(Subject to eligibility)*

- Exam Fees       Equipment       Transport       Childcare

Please tell us why you chose your course or courses, ideas for courses you would like to see us provide and any other comments you have about the service

**If claiming reduced fees please tick the relevant box**

- 08 Unwaged dependants (codes: 14/15)       09 Skills for Life (not ESOL)       14 Asylum Seeker  
 10 ESA (WRAG)       15 Job Seekers Allowance  
 "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."

**Payment**

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

Card Number	Valid From:	Valid To:	Issue No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please charge my credit/debit card. Signature: