

| For office use only | |
|---------------------|--|
| TERMS code: | |
| Entered by /date: | |
| Receipt | |
| Auth. Code | |

2016-17 Enrolment Form and Learner Agreement



Co-financed by



Skills Funding
Agency



Reading Community
Learning Centre

Sub-contractor

It is important that you complete ALL sections of this form for as information is required for funding

Your Personal Details

PLEASE WRITE YOUR NAME AS DETAILED ON YOUR IDENTIFICATION IE. PASSPORT OR ID CARD AND **IN BLOCK CAPITALS**

| Title | First Name | Date of Birth | | | | Age | | | | |
|---------------------------|------------|---------------|---|---|---|-----|---|---|--|--|
| | | D | D | M | M | Y | Y | | | |
| Surname / Family name | | | | | | | | | | |
| Home Address | | | | | | | | | | |
| Daytime contact number | | | | | | | | Postcode | | |
| Mobile contact number | | | | | | | | | | |
| Email | | | | | | | | | | |
| National Insurance Number | | | | | | | | <i>Mandatory for loans & courses leading to a qualification</i> | | |
| EMERGENCY CONTACT DETAILS | Name | | | | | | | Relationship to you | | |
| | Number | | | | | | | | | |

It is a requirement of New Directions' funders that we follow up on each learner or customer's progress at regular intervals after the course or employment service has been delivered.

PLEASE CONFIRM YOUR PREFERRED METHOD OF CONTACT:

| | | | | | | | |
|--------------------------|-------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | Telephone daytime | <input type="checkbox"/> | Telephone evening | <input type="checkbox"/> | Text message / SMS / MMS | <input type="checkbox"/> | Email |
|--------------------------|-------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-------|

Learning – please tell us which course you are enrolling on?

| Organisation | Course | Start Date | How many sessions? |
|--------------|--------|------------|--------------------|
| RCLC | | | |

How did you find out about this course?

| | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Leaflet from staff | <input type="checkbox"/> | Word of mouth/ friend/ relative |
| <input type="checkbox"/> | Referral by organisation | <input type="checkbox"/> | Own choice |
| <input type="checkbox"/> | Referral by GP/medical | <input type="checkbox"/> | Other |

| Your Ethnicity, Nationality & Residency | | Your Eligibility for Government Funding |
|---|---|---|
| White | Asian/Asian British | Nationality – as on passport |
| <input type="checkbox"/> 31 English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> 32 Irish <input type="checkbox"/> 33 Gypsy or Irish Traveller <input type="checkbox"/> 34 Any other White background | <input type="checkbox"/> 39 Indian <input type="checkbox"/> 40 Pakistani <input type="checkbox"/> 41 Bangladeshi <input type="checkbox"/> 42 Chinese <input type="checkbox"/> 43 any other Asian background | Main Country of Domicile or Residence for past 3 years: |
| Mixed/Multiple Ethnic Group | Black/African/Caribbean/Black British | Does your Passport state that you have 'Indefinite leave to remain' or 'Settled status'? Yes / No |
| <input type="checkbox"/> 35 White and Black Caribbean <input type="checkbox"/> 36 White and Black African <input type="checkbox"/> 37 White and Asian <input type="checkbox"/> 38 Any other Mixed/ Multiple Ethnic background <input type="checkbox"/> Nepalese | <input type="checkbox"/> 44 African <input type="checkbox"/> 45 Caribbean <input type="checkbox"/> 46 any other Black/African/Caribbean background | Date of entry into the UK: |
| | Other Ethnic group | Are you a Refugee? Yes / No |
| | <input type="checkbox"/> 47 Arab <input type="checkbox"/> 48 Any other Ethnic group | Are you an Asylum Seeker? Yes / No |
| First Language Spoken: | Place of birth: | |

Qualifications: PLEASE TELL US YOUR HIGHEST UK QUALIFICATION LEVEL

| |
|---|
| <input type="checkbox"/> No Qualifications |
| <input type="checkbox"/> Entry Level |
| <input type="checkbox"/> Level 1 (GCSE/O' Level grades at D-G fewer than 5 at grades A-C) |
| <input type="checkbox"/> Full Level 2 (GCSE/O' Levels / 5 or more GCSE grades at A-C) |
| <input type="checkbox"/> Full Level 3 (A' Levels / 2 or more Advanced Level passes) |
| <input type="checkbox"/> Level 4 (HNC) |
| <input type="checkbox"/> Level 5 (Foundation Degree) |
| <input type="checkbox"/> Level 6 (Bachelor's Degree / Graduate Certificate and Diploma) |
| <input type="checkbox"/> Level 7 + (Doctorate / Master's Degree / Postgraduate Certificate and Diploma) |
| <input type="checkbox"/> Other (please specify) |

Customers and Learners with children aged up to and including 18 years of age

New Directions monitors how we support Families to gain further qualifications and/or enter employment. This information is used for statistical reports only. PLEASE ENTER THE NUMBER OF DEPENDENT CHILDREN YOU HAVE IN EACH OF THE FOLLOWING AGE RANGES:

| Number of children 0-5 years | Number of children 6-11 years | Number of children 12-18 years |
|--|-------------------------------|--|
| | | |
| Crèche Needs: | | |
| Do you need a crèche place for your child aged 4month- 5years | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of child 1: | Age of child 1: | DOB of child 1: |
| Name of child 2: | Age of child 2: | DOB of child 2: |

Learning Support – in order for us to support you appropriately in class and/or in exams, please tell us:

| Do any of the following disabilities apply to you? | Do any of the following Learning Difficulties apply to you? |
|---|--|
| <input type="checkbox"/> 04 Visual (sight) Impaired | <input type="checkbox"/> 10 Moderate Learning Difficulty |
| <input type="checkbox"/> 05 Hearing Impaired | <input type="checkbox"/> 11 Severe Learning Difficulty |
| <input type="checkbox"/> 06 Disability affecting Mobility | <input type="checkbox"/> 12 Dyslexia: difficulty reading/writing/spelling |
| <input type="checkbox"/> 93 Other Physical Disability | <input type="checkbox"/> 13 Dyscalculia: difficulty with numbers – writing numbers back to front – or difficulty reading numbers |
| <input type="checkbox"/> 08 Social and Emotional Difficulties | <input type="checkbox"/> 94 Other Specific Learning Difficulty |
| <input type="checkbox"/> 95 Other Medical Condition e.g. epilepsy, asthma, diabetes | <input type="checkbox"/> 14 Autism Spectrum Disorder |
| <input type="checkbox"/> 09 Mental health Difficulty | <input type="checkbox"/> 15 Asperger's Syndrome |
| <input type="checkbox"/> 16 Temporary Disability after illness | <input type="checkbox"/> 17 Speech, language & Communication needs |
| <input type="checkbox"/> 07 Profound Complex Disabilities | <input type="checkbox"/> 98 Prefer not to say |
| <input type="checkbox"/> 97 Other disability/learning difficulty – please state: | |
| If you have ✓ ticked more than one option above, please confirm the disability or difficulty that requires the most support: | |
| Are you willing for this information to be disclosed to appropriate members of staff? | Yes / No |
| Would you like a member of the Learner Support Team to contact you? | Yes / No |

What is your Employment Status?

| | | |
|--|--|---|
| <input type="checkbox"/> In paid employment ¹⁰ | <input type="checkbox"/> Not in paid employment, looking for work and available to start work ¹¹ | <input type="checkbox"/> Not in paid employment, not looking for work and/or not available to start work ¹² |
| Learners or Customers who have been in paid work immediately prior to starting the course/activity, or who are temporarily away from a job e.g. on holiday, or are on government-supported training schemes, or people who do unpaid work for their family's business. | Learners or Customers who have not been in paid work immediately prior to starting the course/activity, who are without a job, want a job, have actively sought work in the last 4 weeks, are available to start work in the next 2 weeks, or have found a job and are waiting to start. | Learners or Customers who have not been in paid work immediately prior to starting the course/activity, who are without a job, but do not currently want a job and are unavailable to start work in the next 2 weeks: |
| <input type="checkbox"/> Employed for less than 16 hours a week | <input type="checkbox"/> Unemployed for fewer than 6 months | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed for 16-19 hours per week | <input type="checkbox"/> Unemployed for 6-11 months | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Employed for 20 hours per week or more | <input type="checkbox"/> Unemployed for 12-23 months | <input type="checkbox"/> In full-time Education or Training |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed for 24-35 months | <input type="checkbox"/> Planning to return to work within a year |
| <input type="checkbox"/> On Notice of Redundancy | <input type="checkbox"/> Unemployed for 36 months or more | <input type="checkbox"/> On benefits |

Equal Opportunities

New Directions (Reading Borough Council) is committed to ensuring that all applicants have an equal opportunity to access its services in accordance with current legislation, regardless of age, disability, gender, gender re-assignment, pregnancy and maternity, race, religion or belief and sexual orientation. In order to help us assess the effectiveness of this policy and, if appropriate, identify areas where improvements are necessary, it is important that you complete the sections below. The information you provide will be kept securely within New Directions. It will be placed on the Management Information System database, where it will be used to compile equal opportunity statistics. The data will be kept strictly confidential.

Gender / Gender Identity

Which gender are you? Male Female Other
 Which gender do you identify with? Male Female Other

Which best describes your sexual orientation?

Heterosexual/Straight Bisexual Gay (M) Gay (F) Lesbian Prefer not to say Other

How would you define your religion or belief?

Bahá'í Buddhist Christian Hindu Jain Jewish Muslim Sikh Atheist No Religion Prefer not to say Other

Pregnancy /Maternity

Currently pregnant On Maternity Leave Prefer not to say Not Pregnant / Not applicable

Household Situation

Please tick one of the following statements (only required for courses leading to a qualification – one or more statements may apply):

- No-one in my household (including me) is working
- There is only one adult (aged 18 or over) in my household (including me)
- There are one or more dependent children

Your Learner Agreement and Declaration –MY SIGNATURE ON THIS FORM CONFIRMS THAT;

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ I have completed each section of this enrolment form. I understand this information is required For funding. ▪ I certify that the information contained in this form is correct and give my consent for New Directions, where applicable, to confirm my benefit status with the Jobcentre Plus for Audit purposes only. ▪ I have received suitable information to help me in the choice of the most appropriate programme. | <ul style="list-style-type: none"> ▪ I agree to complete relevant surveys requested by the funding agencies as and when required. ▪ I have received information on learning and financial support available to me. ▪ I agree to comply with the policies and procedures of New Directions/Children’s Centre. |
|--|---|

SIGNATURE:

DATE:

Skills Funding Agency (SFA) and Education Funding Agency (EFA): Privacy Notice 2016-17

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 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.

Any data required for funding purposes will be stored for seven years. Documents will be stored in a lockable filing cabinet in a room with pass-code entry initially and then archived within the Council’s secure archiving facility.

New Directions is part of Reading Borough Council and as such is required to send statistical overview data to various Management teams within the Council. Data may be shared with the Children’s Action team, Anti-fraud team, Payments team and any other Council departments for verification or for monitoring the efficiency of their service. Statistical data is also shared with OFSTED, with members of the Neighbourhood Learning Centres partnerships and with the National Careers Service. Personal information and statistical data is shared with the Skills Funding Agency and their data protection statement appears above.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone on to 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** **for surveys and research** **by post** **by phone** **by email.**

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>

OFFICE USE ONLY

Revision 3 Final (SM)-21/06/16

Extended Privacy Notice

| | | | |
|-------------------|---|---|---|
| ABILITY TO SHARE: | <input type="checkbox"/> EPN NOT SEEN | <input type="checkbox"/> FPN SEEN AND ABLE TO SHARE | <input type="checkbox"/> FPN SEEN AND UNABLE TO SHARE |
| VERIFICATION: | <input type="checkbox"/> NONE PROVIDED | <input type="checkbox"/> DRIVING LICENCE | <input type="checkbox"/> NATIONAL INSURANCE CARD |
| | <input type="checkbox"/> RELATIONSHIP WITH SCHOOL | <input type="checkbox"/> BANK/DEBIT/CREDIT CARD | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> PASSPORT | <input type="checkbox"/> ID CARD | |