

<b>For Office use only:</b>	Compulsory supplement to be waived <input type="checkbox"/> Approved by (please PRINT name):
International paperwork seen <input type="checkbox"/> Seen by (please PRINT name):	

# Enrolment Form 2023/24

## Learning Agreement

Westgate Fields, Chichester, West Sussex, PO19 1SB  
Tel: 01243 786321



ULN (10 digits):	Student No:
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**Personal Details- please use blue or black ink and BLOCK CAPITALS**

Legal Surname:	Date of Birth:	
Legal Forename:	Title:	Age (on 31.08.23):
Middle Name(s):	Sex:	
Known as Name:	Previous Surname:	
National Insurance No:	SLC CRN:	

THE FOLLOWING IS REQUIRED FOR EQUAL OPPORTUNITIES MONITORING - please tick the ethnic group to which you belong:

<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"/> (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"/> (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	<input type="checkbox"/> (44) African
<input type="checkbox"/> (45) Caribbean	<input type="checkbox"/> (46) Any other Black / African / Carribbean background
<input type="checkbox"/> (47) Arab	<input type="checkbox"/> (48) Any other Ethnic Group

**Address Details**

**Home Address**

House name/No & Street:	
Town/City:	County:
Postcode:	Country:
How long have you lived at this address (Years/Months)? :	
Telephone No 1:	Telephone No 2:
Mobile No:	Email Address:

**Term Address (if different frm above)**

House name/No & Street:	
Town/City:	County:
Postcode:	Country:
Telephone No 1:	Telephone No 2:

**1st Emergency Contact & Permitted Contact Details - compulsory**

First Name:	Surname:
Mobile:	Landline Tel No:
Email:	

Do you consent to information on your progress being shared with this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please tick relationship to the above:  Carer  Parent  Spouse/Partner  Other (please specify)

2nd Emergency Contact & Permitted Contact Details - optional			
First Name:		Surname:	
Mobile:		Landline Tel No:	
Email:			
Do you consent to information on your progress being shared with this person?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tick relationship to the above: <input type="checkbox"/> Carer <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other (please specify)			
Nationality			
Please indicate your nationality:			
Residency Details			
Please indicate your usual country of residence:			
Were you resident in the UK for the 3 years prior to the start of your course?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please provide the date of entry to the UK (DD/MM/YYYY):			
Education Details			
Last Secondary School/Training Provider attended - Name & Town:			
16-18 year olds only - are you currently enrolled with another College or Training Provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, what course(s) are you enrolled on and where?			
Care Status			
Are you currently in Care or a Looked After Child?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously been in Care or a Looked After Child?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning Support Needs			
Do you have a learning difficulty or disability or additional support at school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an Educational Health and Care Plan (EHCP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal Convictions			
Do you have any unspent criminal convictions, any outstanding court proceedings, or are you released under police investigation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Details			
Have you been diagnosed with a serious health condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details of your health condition:			
Do you carry life-saving medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details of your medication:			
In the case of an emergency such as a fire, would you need staff assistance evacuating the college building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verification			
ID Verification Type Evidence (seen at enrolment)			
Qualifications on Entry			
What is your highest qualification?			
English and Maths			
GCSE English & Maths - please enter your highest grades achieved for each:		English Language:	English Literature: Maths:
To be completed by a member of the student records team		GCSE evidence seen: <input type="checkbox"/> Yes <input type="checkbox"/> No Seen by: _____ Date seen: _____	

**Employment Status - please tick all that apply**

Are you:	<input type="checkbox"/> In Paid Employment	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed looking for work	<input type="checkbox"/> Unemployed not looking for work
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**If employed / self-employed please indicate the number of hours you are employed for each week:**

<input type="checkbox"/> 0 to 10 hours	<input type="checkbox"/> 11 to 20 hours	<input type="checkbox"/> 21 to 20 hours	<input type="checkbox"/> 31 or more hours
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**If unemployed please indicate the length you have been unemployed for:**

<input type="checkbox"/> 0 to 5 months	<input type="checkbox"/> 6 to 11 months	<input type="checkbox"/> 12 to 23 months	<input type="checkbox"/> 24 to 35 months	<input type="checkbox"/> Over 36 months
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**Marketing (GDPR) - please tick all that apply**

<input type="checkbox"/> You are happy for your details to be used for marketing?	<input type="checkbox"/> You are happy for your details to be shared with third parties?
<input type="checkbox"/> You are happy to be contacted about courses or learning opportunities?	<input type="checkbox"/> You are happy for your details to be used for surveys or research?

**Please tick ALL your preferred methods of contact**

<input type="checkbox"/> Telephone	<input type="checkbox"/> Post	<input type="checkbox"/> SMS	<input type="checkbox"/> Email	<input type="checkbox"/> Social Media
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**Course Details / Learning Delivery - to be completed by a member of staff****Course Code 1:**

Course Name:

Start Date:	End Date:	GLH:			
Location	<input type="checkbox"/> Brighton MET	<input type="checkbox"/> Brinsbury	<input type="checkbox"/> Chichester	<input type="checkbox"/> Crawley	<input type="checkbox"/> Haywards Heath
	<input type="checkbox"/> Northbrook	<input type="checkbox"/> Worthing	<input type="checkbox"/> Other - please specify post code:		

**Course Code 2:**

Course Name:

Start Date:	End Date:	GLH:			
Location	<input type="checkbox"/> Brighton MET	<input type="checkbox"/> Brinsbury	<input type="checkbox"/> Chichester	<input type="checkbox"/> Crawley	<input type="checkbox"/> Haywards Heath
	<input type="checkbox"/> Northbrook	<input type="checkbox"/> Worthing	<input type="checkbox"/> Other - please specify post code:		

**Course Code 3:**

Course Name:

Start Date:	End Date:	GLH:			
Location	<input type="checkbox"/> Brighton MET	<input type="checkbox"/> Brinsbury	<input type="checkbox"/> Chichester	<input type="checkbox"/> Crawley	<input type="checkbox"/> Haywards Heath
	<input type="checkbox"/> Northbrook	<input type="checkbox"/> Worthing	<input type="checkbox"/> Other - please specify post code:		

**Course Code 4:**

Course Name:

Start Date:	End Date:	GLH:			
Location	<input type="checkbox"/> Brighton MET	<input type="checkbox"/> Brinsbury	<input type="checkbox"/> Chichester	<input type="checkbox"/> Crawley	<input type="checkbox"/> Haywards Heath
	<input type="checkbox"/> Northbrook	<input type="checkbox"/> Worthing	<input type="checkbox"/> Other - please specify post code:		

**Course Code 5:**

Course Name:

Start Date:	End Date:	GLH:			
Location	<input type="checkbox"/> Brighton MET	<input type="checkbox"/> Brinsbury	<input type="checkbox"/> Chichester	<input type="checkbox"/> Crawley	<input type="checkbox"/> Haywards Heath
	<input type="checkbox"/> Northbrook	<input type="checkbox"/> Worthing	<input type="checkbox"/> Other - please specify post code:		

**Remission Information - please answer YES or NO to the following questions**

Receipt of any of these MAY make you eligible for a fee reduction. It is your responsibility to inform us if your status changes. You will be required to provide evidence of eligibility at the start of your course.

Do you receive Job Seeker's Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Employment and Support Allowance (ESA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Universal Credit and have take home pay of less than £617 a month (sole claim) or £988 a month (joint claim)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive other means tested state benefits (not listed above) with take-home pay less than £617 a month (sole claim) or £988 a month (joint claim) AND want to either enter employment, or progress into more sustainable employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you earn less than £20,319 annual gross salary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Fee Remission Proof - to be completed by member of staff**

Proof seen by	Type of Evidence seen:	Document Date:
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**Privacy Notice / Enrolment Declaration****Privacy Notice / How We Use Your Personal Information**

This privacy notice is issued by the Education and Skills Funding Agency (ESFA) on behalf of the Secretary of State for the Department of Education (DfE) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used in the ILR. Your personal information is used by the DfE to exercise our functions under article 6(1)(e) of the UK GDPR and to meet our statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009. Our lawful basis for using your special category personal data is covered under Substantial Public Interest based in law (Article 9(2)(g)) of GDPR legislation. This processing is under Section 54 of the Further and Higher Education Act (1992).

The ILR collects data about learners and learning undertaken. Publicly funded colleges, training organisations, local authorities, and employers (FE providers) must collect and return the data to the ESFA each year under the terms of a funding agreement, contract or grant agreement. It helps ensure that public money distributed through the ESFA is being spent in line with government targets. It is also used for education, training, employment, and well-being purposes, including research. We retain your ILR learner data for 20 years for operational purposes (e.g. to fund your learning and to publish official statistics). Your personal data is then retained in our research databases until you are aged 80 years so that it can be used for long-term research purposes. For more information about the ILR and the data collected, please see the ILR specification at <https://www.gov.uk/government/collections/individualised-learner-record-ilr>.

ILR data is shared with third parties where it complies with DfE data sharing procedures and where the law allows it. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact learners to carry out research and evaluation to inform the effectiveness of training.

**You can agree to be contacted for other purposes by answering YES in the marketing boxes on page 3 of this document.**

For more information about how your personal data is used and your individual rights, please see the DfE Personal Information Charter (<https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter>) and the DfE Privacy Notice (<https://www.gov.uk/government/publications/privacy-notice-for-key-stage-5-and-adult-education>)

If you would like to get in touch with us or request a copy of the personal information DfE holds about you, you can contact the DfE in the following ways:

- Using our online contact form at [https://form.education.gov.uk/service/Contact\\_the\\_Department\\_for\\_Education](https://form.education.gov.uk/service/Contact_the_Department_for_Education)
- By telephoning the DfE Helpline on 0370 000 2288
- Or in writing to: Data Protection Officer, Department for Education (B2.28), 7 & 8 Wellington Place, Wellington Street, Leeds, LS1 4AW

If you are unhappy with how we have used your personal data, you can complain to the Information Commissioner's Office (ICO) at:

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. You can also call their helpline on 0303 123 1113 or visit <https://www.ico.org.uk>

## LEARNING RECORDS SERVICE TIER 1 PRIVACY NOTICE

The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>

If you wish to access the full Tier 2 (extended) privacy notice text this can be viewed at <https://www.gov.uk/government/publications/lrs-privacy-notice/lrs-privacy-notice>

I understand that the College reserves the right to withdraw or cancel any programme at any time and that I shall have no claim against the College in any such event except for the repayment of fees paid to the College. I understand that the information provided by me may be passed to funding agencies and that my name and date of birth as stated will appear on examination certificates awarded to me.

**Fees:** I accept the fee levied at enrolment and agree that the selection of other units or courses may result in a further charge. I understand that additional charges may be incurred if outstanding balances are not settled and a debt collection agency becomes involved. In these cases, fees will be subject to an interest charge. I understand that refunds are not available to students who leave courses after their commencement. Where a payment plan has been agreed, I understand that I will still be liable for any outstanding instalments, even if I withdraw from the course. Where fees will be paid through the Student Loan Company, I understand that I will be liable for any shortfall in funding that may arise. Please note that if, due to exceptional circumstances, a refund is granted, an administration charge will be made. Where a course requires a compulsory Unit to be achieved to enable progression on the course and this unit has not been achieved, the course fees will be pro-rated based on months attended.

The information provided on this form will be kept in line with the college retention policy and may be used by Chichester College Group for any matter related to the chosen programme of study and to comply with the requirements of various government agencies, the analysis of statistics and, where permission is granted, for marketing and research purposes which may be carried out by the College or by organisations employed by it to undertake such work.

I have received appropriate guidance and assessment relating to the entry requirements, my suitability, and the implications of my choice of programme(s) and financial or other support. I confirm that the information on this form is correct and I agree to abide by all College Regulations. I understand that refunds are only made in exceptional circumstances. I have read and understood the sections of Fees and the Privacy Statement on this form and I authorise you to process my data.

I declare that I have correctly identified my prior qualifications. I understand that if I have declared false information action may be taken against me to reclaim any tuition fees and support costs provided.

Learner's Signature:

Date:

### TO BE COMPLETED BY AN AUTHORISED MEMBER OF STAFF

Staff Signature:

PRINT NAME:

Date:

Personal Tutor's Name (PRINT):

### FOR STUDENT RECORDS USE ONLY

Fee Charged:

Sponsor Ref:

Processed by:

Date: