



Stockton-on-Tees
BOROUGH COUNCIL

2011/2012 Enrolment and Learner Agreement Form

Tees Achieve



Return to: Administration Office, Tees Achieve, The Community Centre, The Causeway, Billingham, TS23 2DA.
Contact: Telephone: (01642) 527904 • Fax: (01642) 528579 • Email: Tees.Achieve@stockton.gov.uk

PLEASE COMPLETE IN BLOCK CAPITALS - ALL GREY BOXES ARE MANDATORY FIELDS

Mr Miss Surname Forenames
 Mrs Dr
 Other

Address: _____ Postcode: _____

Date of Birth: _____ Preferred contact number: _____

Emergency contact: _____ Emergency contact number: _____

Email address: _____

Please enrol me for the following Tees Achieve course(s):

Class No.	Course Title	Venue	Day	Time

Prior Attainment Level - Please tick

- 09 Entry level
- 07 Other qualification below level 1
- 01 Level 1 (GCSE - Below C grade)
- 02 Full level 2 (NVQ - GCSE above C)
- 03 Full level 3 (A levels)
- 04 Level 4 (Undergraduate)
- 05 Level 5 (Degree)
- 97 Other qualification
- 98 Not known
- 99 No qualifications

Ethnic Origin - Please tick

- (31) English/Welsh/Scottish/Northern Irish/British
- (32) Irish
- (33) White – gypsy or Irish traveller
- (34) Any other White background
- (35) White and Black Caribbean
- (36) White and Black African
- (37) White and Asian
- (38) Any other Mixed/multiple ethnic background
- (39) Indian
- (40) Pakistani
- (41) Bangladeshi
- (42) Chinese
- (43) Any other Asian background
- (44) African
- (45) Caribbean
- (46) Any other Black/African/Caribbean background
- (47) Arab
- (98) Any other ethnic group
- (99) Not provided

Employment Status

- Employed Unemployed (inc students & retired) Unemployed (redundant)

"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.

DECLARATION (must be signed)

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

Do you have a disability?

- I have a disability (Please give details overleaf)
- None
- (99) Prefer not to state

Eligibility

- In the UK over 3 years or EU citizen for over 3 years*
- Married to a UK citizen and has been here over 1 year
- Asylum seeker here for over 6 months, receiving NASS support or vouchers
- Refugee
- Granted humanitarian protection, discretionary leave, exceptional leave to remain and in receipt of support

* EU Countries: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

If you have ticked 'I have a disability' please describe your disability by ticking the box or boxes below:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Other physical difficulty |
| <input type="checkbox"/> Other medical condition e.g. epilepsy, asthma, diabetes | <input type="checkbox"/> Emotional/behavioural difficulties | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental ill health |
| <input type="checkbox"/> Temporary disability after illness or accident | <input type="checkbox"/> Profound/complex difficulties | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Other |

Is there any additional support that you feel you require? If there is, please tell us about it in the space provided.

I will be bringing my own support worker

Do you feel that you have any learning difficulties that we might be able to give you assistance with?

Yes No Please tick as appropriate

If yes, would you please describe your learning difficulty for us by ticking the box or boxes below?

- | | | | |
|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Multiple learning difficulties | <input type="checkbox"/> Other | |

If yes, could you tell us what help we might be able to provide for you during your course?

If Claiming reduced fees please tick the relevant box and sign. You must provide evidence of claiming reduced fees within 7 days of enrolling.

- | |
|---|
| <input type="checkbox"/> Job Seekers Allowance (JSA) (including the partner where the claim is joint) |
| <input type="checkbox"/> Employment and Support Allowance in the Work Related Activity Group |

50% contribution of the tuition fee. You must provide evidence of claiming reduced fees within 7 days of enrolling.

- | | | |
|--|---|---|
| <input type="checkbox"/> Council Tax Benefit | <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Pension Guarantee Credit | |
| <input type="checkbox"/> Contribution based Employment and Support Allowance (unless in the Work Related Activity Group) | | |
| <input type="checkbox"/> The unwaged dependants (as defined by Department for Work and Pensions (DWP) of those listed above. | | |

Privacy Statement 2011/2012 - 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.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

The Skills Funding Agency from time to time may wish to contact you in respect of surveys, research, courses and learning opportunities.

- | | |
|---|---------------------------------|
| Tick this box if you do not wish to be contacted by post | <input type="checkbox"/> Tick ✓ |
| Tick this box if you do not wish to be contacted by telephone | <input type="checkbox"/> Tick ✓ |
| Tick this box if you do not wish to be contacted by email | <input type="checkbox"/> Tick ✓ |

The Skills Funding Agency from time to time may wish to contact you in respect of the data you provide.

- | | |
|--|---------------------------------|
| Tick this box if you do not wish to be contacted | <input type="checkbox"/> Tick ✓ |
| Tick this box if you do not wish to be contacted about courses or learning opportunities | <input type="checkbox"/> Tick ✓ |
| Tick this box if you do not wish to be contacted for survey and research | <input type="checkbox"/> Tick ✓ |

Where did you learn about your Tees Achieve course? Please tick one of the following boxes

- | | | | |
|---------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Previous Student | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Website |
| <input type="checkbox"/> SBC Employee | <input type="checkbox"/> Other Agency | <input type="checkbox"/> Job Centre | <input type="checkbox"/> Employer |

FOR OFFICE USE ONLY

Term	Learner Reference	Fee	Receipt No.	Date/Initials	Refund Details
1					