

2019/20 Enrolment Form & Learning Agreement

PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS

SECTION 1 - YOUR PERSONAL DETAILS

Have you been a student at Stockport/Trafford College before? Yes No

Please enter your name as it appears on official documents:

Title: Mr Mrs Miss Ms Other Legal Sex: Male Female

Forename(s) (First/given names):

Surname (Family name):

Date of Birth (DD/MM/YYYY): Age (As of 31st August 2019)

National Insurance Number: Age (At start date of course)

How would you describe your Ethnic origin? (Please select)

White

- 31 English / Welsh / Scottish / Northern Irish / British
 32 Irish
 33 Gypsy or Irish Traveler
 34 Any Other White Background

Mixed / Multiple ethnic group

- 35 White and Black Caribbean
 36 White and Black African
 37 White and Asian
 38 Any Other Mixed / multiple ethnic background

Asian / Asian British

- 39 Indian
 40 Pakistani
 41 Bangladeshi
 42 Chinese
 43 Any other Asian background

Black British

- 44 African
 45 Caribbean
 46 Any other Black / African / Caribbean background

Other

- 47 Arab
 98 Any other ethnic group

SECTION 2 - YOUR CONTACT DETAILS

Current Address Line 1:		Town:	
Address Line 2:		County:	
Postcode:			
Home Tel:	<input type="text"/>	Other Tel Number:	<input type="text"/>
Number: Mobile:	<input type="text"/>	Personal Email:	<input type="text"/>

SECTION 3 - CRIMINAL CONVICTIONS

Do you have any unspent criminal convictions? Yes No

We must ask you to provide details of any unspent criminal convictions. You do not need to tell us about any spent convictions unless your course involves access to children and young adults under the age of 18 or vulnerable adults up to the age of 25. If you are enrolled to such a course, any failure to disclose such convictions may result in the college asking you to withdraw. Any information you give will be completely confidential and will be considered only in relation to this enrolment. An unspent criminal conviction does not necessarily prevent you from enrolling.

SECTION 4 - PARENT / GUARDIAN CONTACT (16-18 year old students only)

Title:	<input type="text"/>	Tel Number:	<input type="text"/>
Parent Forename:	<input type="text"/>	Email Address:	<input type="text"/>
Parent Surname:	<input type="text"/>		

I do not agree to my parent/guardian accessing information about my attendance/punctuality and progress through the online parent portal.

SECTION 5 - EMERGENCY CONTACT / NEXT OF KIN (To be completed by all students)

PERSON TO CONTACT IN AN EMERGENCY:

Contact Name:	<input type="text"/>	Tel Number:	<input type="text"/>
Relationship to you:	<input type="text"/>	Lives with Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 6 - PRIVACY STATEMENT

How the Education Skills Funding Agency (ESFA) uses 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). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organizations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. You can agree to be contacted for other purposes by ticking any of the following boxes:

- 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, details of organizations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

How Trafford College Group uses your Personal Information

The Trafford College Group recognizes and respects the importance of your privacy and is committed to treating your personal information responsibly and in compliance with all relevant data protection legislation. The information you provide on this form will be processed in order to administer your studies, to deliver your programme and to monitor your performance and attendance. We also use your information to manage recruitment, admission, registration, enrolment, study, examination and graduation. Your information will also be used to provide you with College facilities and services, to provide you with support and to process any payments made to you. We may also use your information to conduct research and surveys to identify ways to enhance learning, teaching, assessment and the broader student experience.

Information may be passed between various sections of the College for operational reasons and may also be disclosed to external agencies to which we have obligations (for example Government Agencies and associated Statutory Bodies, Higher Education Statistics Agency, Government Survey & Research Organizations, UCAS, Student Loans Company, Education Authority, Learner Records Service, Crime Prevention Agencies, Employers who pay fees and/or allow you time off work to attend your course, Examination Awarding Bodies, Social Welfare Organizations, Trade Unions, Careers Service, UKBA and potentially other such organizations for defined purposes. Further information is available on the College website.

You can agree to be contacted by the College for other purposes (not listed above) by ticking any of the following boxes:

- I agree to receiving marketing information from the College by Post E-Mail Phone SMS
 I agree to be contacted about events and promotions from the College by Post E-Mail Phone SMS
 I agree to photos and/or film being taken of me and used for marketing purposes

SECTION 7 - RESIDENCY

What is your nationality?

Have you been ordinarily living in the UK/EU for the **last 3 years**? Yes No

If you have lived in the UK/EU for **less than 3 years** then please enter the country you have previously lived in:

Are there any immigration restrictions on how long you can stay in the UK? Yes No

Are you an asylum seeker? Yes No

Are you on a student visa? Yes No

Office use only

If **YES** to any of these questions then please refer to Customer Services

Date of Arrival in UK Visa

Expiry Date

SECTION 8 - SUPPORT

Please select any box(es) that describes your situation

- I am a parent aged 16-19 years old
 I am 16-19 and I am a carer for an adult relative who is not my child
 I am in care
 I have left care in the last 12 months
 I am aged 16-18 and in receipt of income support
 I am homeless or about to be made homeless
 I have problems with drugs or alcohol dependency
 I received Free School Meals at School
 I left school before I finished year 11

SECTION 9 - PREVIOUS EDUCATION AND QUALIFICATIONS

What was the last educational institution you attended? What year did you leave?

What are your grades for the following GCSE subjects? GCSE English Language: GCSE English Literature: GCSE Mathematics:

What is your highest level of qualification (in any subject)? (Select the first box that applies to you)

Level	Qualifications (Students aged 19+)	Select
Level 7+	Masters Degrees. Postgraduate Certificates and Diplomas. Doctorates. Award. Certificate. Diploma Level 7+	<input type="checkbox"/>
Level 6	Bachelor's Degrees. Graduate Certificates and Diplomas. Award. Certificate. Diploma Level 6	<input type="checkbox"/>
Level 5	HND. Foundation Degree. Award. Certificate. Diploma Level 5	<input type="checkbox"/>
Level 4	NVQ Level 4, HNC, Award, Certificate, Diploma Level 4	<input type="checkbox"/>
Level 3	NVO Level 3. 2 or more A Levels. 4 or more AS Levels. Certificate. Diploma Level 3. Access to HE	<input type="checkbox"/>
Level 2	NVO Level 2. 5 or more GCSE/O Levels a A*-C OR 4-9. 2 or 3 AS Levels. 1 A Level. Cert/Diploma Level 2	<input type="checkbox"/>
Level 1	NVO Level 1. GCSE/O Level Grades D-G or fewer than 5 A*-C). 1 AS Level. Award/Cert/Diploma at Level 1. Functional Skills at Level 1. Certificate in Adult Literacy. Numeracy. ESOL at Level 1	<input type="checkbox"/>
Entry	Award/Cert at Entry Level. Certificate in Adult Literacy, Numeracy, ESOL at Entry Level, Functional Skills	<input type="checkbox"/>
None	No Qualifications	<input type="checkbox"/>

SECTION 10 - HOUSEHOLD SITUATION (Students aged 19+)

Please select the statement that best describes your household (select all that apply):

- I live in a household where no one is employed and there are dependent children (including yourself). **HHS01**
- I live in a single adult household with dependent children (including yourself). **HHS03**
- I live in a household where no one is employed and there are no dependent children. **HHS02**
- None of the above apply. **HHS99**
- I do not wish to give this information. **HHS98**

SECTION 11 - ADDITIONAL SUPPORT

The College has a wide range of additional support. (We welcome students with disabilities, learning difficulties and health problems.) Please select the boxes that are appropriate to you. This will enable the college to consider your additional support needs whilst on a course with us.

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Other physical disability (93) | <input type="checkbox"/> Autistic spectrum disorder (14) |
| <input type="checkbox"/> Visual impairment (04) | <input type="checkbox"/> Mental health difficulty (09) | <input type="checkbox"/> Asperger syndrome (15) |
| <input type="checkbox"/> Hearing impairment (05) | <input type="checkbox"/> Moderate learning difficulty (10) | <input type="checkbox"/> Temporary disability after illness (e.g. post-viral) or accident (16) |
| <input type="checkbox"/> Disability affecting mobility (06) | <input type="checkbox"/> Severe learning difficulty (11) | <input type="checkbox"/> Speech, language & communication needs (17) |
| <input type="checkbox"/> Profound complex disabilities (07) | <input type="checkbox"/> Dyslexia (12) | <input type="checkbox"/> Other disability (97) |
| <input type="checkbox"/> Social and emotional difficulties (08) | <input type="checkbox"/> Dyscalculia (13) | <input type="checkbox"/> Prefer not to say (98) |
| <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes. Please state below) (95) | <input type="checkbox"/> Other specific learning difficulty (94) | |
| | <input type="checkbox"/> Other learning difficulty (96) | |

If more than one disability, learning difficulty or health problem applies then please **circle** your main disability, learning difficulty or health problem

Please provide any further comments:

Would you like someone to contact you about extra support? Yes No Do you have an Education Health Care Plan (EHCP)? Yes No

SECTION 12 - EMPLOYMENT STATUS

If you are working please select one option from each column:

- | | | |
|---|--|---|
| A: | B: | C: |
| <input type="checkbox"/> I am Self Employed | <input type="checkbox"/> I work for 0 to 10 hours each week | <input type="checkbox"/> I have been working for my current employer for less than 3 months |
| <input type="checkbox"/> I work for an Employer | <input type="checkbox"/> I work for 11 to 20 hours each week | <input type="checkbox"/> I have been working for my current employer for 4-6 months |
| <input type="checkbox"/> I am an Apprentice | <input type="checkbox"/> I work for 21 to 30 hours each week | <input type="checkbox"/> I have been working for my current employer for 7-12 months |
| | <input type="checkbox"/> I work for 31 hours or more each week | <input type="checkbox"/> I have been working for my current employer for over 12 months |

If you are not working please select the statement that best describes you.

- I am not employed and not looking for work (select this option if you are in full time education)
- I am not employed and have been looking for work for less than 6 months
- I am not employed and have been looking for work for 6-11 months
- I am not employed and have been looking for work for 12-23 months
- I am not employed and have been looking for work for 24-35 months
- I am not employed and have been looking for work for more than 36 months

SECTION 13 - EQUAL OPPORTUNITIES

OPTIONAL- These questions are optional and are answered at your discretion. You have the right to keep this information confidential.

Sexual Orientation

- Bisexual
- Gay/lesbian
- Heterosexual
- Other
- Prefer not to say

Religion/Belief

- Christian Buddhist
- Hindu Muslim
- Sikh Jewish
- Catholic None
- Other (please state)

Gender

What gender do you currently identify yourself as?

Prefer not to say

SECTION 14 - COURSE ENROLMENTS (Office use only)

SECTION 15 - LEARNER AGREEMENT

Student Declaration: I declare that the information given on this form is correct to the best of my knowledge. I agree that I have received adequate information, advice and guidance about my proposed programme of study including:

- Entry requirements
- Work Experience (if included)
- Information and availability of financial assistance
- The structure of the programme
- Visits and residentials that are part of the course
- The type of learning and assessment involved
- Any costs involved

I have read the Learner Agreement and understand my responsibilities as a student. I am aware of the College's policies relating to the charging and payment of fees and agree to be bound by them. I am aware that I must inform the College of any change in my circumstances affecting my eligibility for financial support. I agree to Trafford College Group handling (including passing such information to authorised third parties in accordance with purposes set out above) and processing this information about me. I understand that the information will only be used for purposes set out above and my consent is conditional upon the College complying with its duties and obligations under current Data Protection legislation.

Student Signature

Staff Signature

If you are filling in this form electronically please select this box to agree to the terms of the learner agreement. (No signature required)

Print Name

Date:

Date:

ID Verification (office use only):

Passport

Benefit Details

Driving License

Debit/Credit Card

NI Card

Other



Activity may have been directly or indirectly part-financed by the European Union through European Social Fund - helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources

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