

To enrol you must complete this form in **BLOCK CAPITALS**. All fields are mandatory unless otherwise stated. Enrolments will only be completed once payment and any necessary proof of benefits are received. Once completed and Section 10 is signed please return this form to **Client Services (address at bottom of form)**.

Office use only	ULN:	<input type="text"/>
	EBS:	<input type="text"/>

1. PERSONAL DETAILS

Title:	First Name(s):	Surname:
Date of Birth: DD / MM / YYYY	Age on 31/08/21:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx
Current Address:		Postcode:
Home Tel:	Mobile:	Work Tel:
Primary Next of Kin/Guardian Name:		<input type="checkbox"/> Same address as above
Relationship:	Tel:	Email:
Secondary Next of Kin/Guardian Name:		<input type="checkbox"/> Same address as above
Relationship:	Tel:	Email:

16-18 year old students only

Are you currently in the care of the Local Authority or have recently left care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', which Local Authority looks after you?	Do you live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of social worker/support worker?	Are you a young carer? <input type="checkbox"/> Yes <input type="checkbox"/> No

2: ETHNICITY and RESIDENCY

Nationality:
Country of Residence:
Have you lived in the UK or the European Economic Area (EEA) for the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' which country did you live in previously:
Date of entry into UK: DD / MM / YYYY

Please note: You will be required to provide evidence of residency status.

Tick one box which best describes your ethnic origin:

White

- English/Welsh/Scottish/Northern Irish/British (31)
 Irish (32)
 Gypsy or Irish Traveller (33)
 Any other White background (34)

Mixed/Multiple Ethnic Group

- White and Black Caribbean (35)
 White and Black African (36)
 White and Asian (37)
 Any other Mixed/Multiple Ethnic background (38)

Asian/Asian British

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

Black/African/Caribbean/Black British

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

Other Ethnic Group

- Arab (47) Any other ethnic group (98)
 Do not wish to declare (99)

3: EDUCATION (NOT required for non-qualification courses)

Highest level qualification you have attained to date:

Please note: documentary evidence will be required.

- Entry Level (9)
 Other Qualification Level (below level 1) (7)
 Level 1 (1)
 Full Level 2 eg 5 GCSEs 9-4 (A*-C) or equivalent (2)
 Full Level 3 eg 4 AS levels/2 A levels or equivalent (3)
 Level 4 eg NVQ Level 4/HNC/ Certificate of Higher Education (10)
 Level 5 eg HND/Foundation Degree/ Diploma of Higher Education (11)
 Level 6 Degree or equivalent (12)
 Level 7 and above Postgraduate/Masters/Doctorate (13)
 Other Qualification – level not known (97)
 No Qualification (99)

GCSE English grade:	Year achieved:
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GCSE Maths grade:	Year achieved:
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Name of last school/college attended (Optional for 24+):

Are you currently enrolled on a Qualification course at another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No

If 'Yes' please provide details:

4. DISABILITIES, MEDICAL CONDITIONS and LEARNING SUPPORT DETAILS

Do you consider yourself to have a learning difficulty or disability or medical condition and need support with your learning?

Yes No Prefer not to say (98)

If 'Yes' please tick below which applies to you:

Learning difficulty

- Autism Spectrum Condition (14)
- Dyscalculia (13)
- Dyslexia (12)
- Mild/moderate learning difficulty (10)
- Severe learning difficulty (11)

- Speech, language and communications needs (17)
- Other specific learning difficulty (96)

Please provide details: (eg Dyspraxia)

Disability or medical condition

- ADD/ADHD (95)
- Aspergers Syndrome (15)
- Asthma (95)
- Diabetes (95)
- Disability affecting mobility (06)
- Epilepsy (95)
- Hearing impairment (05)
- Mental health difficulty (09)

- Other physical disability (93)
- Profound complex disabilities (07)
- Social and emotional difficulties (08)
- Temporary disability after illness or accident (16)
- Visual impairment (04)
- Other disability (97) Please provide details:

If you have ticked more than one box, please state main condition:

Do you think you require support or adaptations in College? Yes No

Do you have an Education Health & Care Plan (EHCP)? Yes No

Please specify any prescribed medication you are taking:

Please list any allergies:

5. EMPLOYMENT STATUS (NOT required for 16-18 year old students on full-time courses)

A. Are you employed? Yes, in Paid Employment (10) Yes, Self Employed (1) No, Not in Paid Employment

If 'Yes', please tick the relevant number of hours you work:

- 0 – 10 hours per week (5)
- 11 – 20 hours per week (6)
- 21 – 30 hours per week (7)
- 31 or more hours per week (8)

If 'No', please tick the relevant boxes:

- Looking for work and available to start work (11)
- Not looking for work and/or not available to start work (12)

How long have you been unemployed?

- Less than 6 months (1)
- 6 – 11 months (2)
- 12 – 23 months (3)
- 24 – 35 months (4)
- More than 36 months (5)

How long have you been employed in your current job?

- Less than 3 months (1)
- 4 – 6 months (2)
- 7 – 12 months (3)
- More than 12 months (4)

B. Please tick which of the following statements apply (one or more may apply):

- No household member is in employment and the household includes one or more dependent children
- No household member is in employment and the household does not include any dependent children
- Learner lives in a single adult household with dependent children
- None of these statements apply (99)
- I confirm that I wish to withhold this information (98)

6. DECLARATION OF CRIMINAL CONVICTIONS

Do you have any convictions, cautions, reprimands, final warnings or pending court cases which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Yes No

As a duty of care to staff and students, the College reserves the right not to enrol a person where there is evidence that they could be a threat or danger to others. Declaring convictions may not prevent you from being offered a place but failure to disclose something of which we later become aware could result in disciplinary action or your enrolment being cancelled.

7. COURSE DETAILS

Where are you applying to study? (Tick one box only) East Surrey College John Ruskin College

Please state which course(s) you wish to enrol on:

Office use only (enter special details for late starters)

Course Code	Course Title	Aim Start Date	Aim End Date	Aim Total Hrs	Fee

8. PAYMENT OF FEES

Please complete one of the following sections, whichever is relevant to you:

If section C applies, evidence must be provided at enrolment to confirm a fee concession.

A. Fees are payable and I am not entitled to a fee waiver:

- I am Co-Funded and will be paying some fees
- I am paying the tuition fees directly in full
- I have completed an instalment agreement (only applicable where tuition fees are more than £400)
- My employer or sponsor is paying my tuition fees (a completed Employer Sponsor Form is required)
- I have applied to the Student Loans Company for a Higher Education Tuition Fee Loan
- I have applied to the Student Loans Company for an Advanced Learner Loan

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Total Fees Payable:

B. No payment is required as:

- I am aged 16-18 as at 31/08/2021 and I meet the residency requirements (NOW1618)
- I am continuing a programme of study that I started at aged 16-18 and I meet the residency requirements (NOW1618)
- I am under 25 years old, have an EHCP and have not yet completed the learning outcomes identifies (NOWU25)

C. I am entitled to a fee waiver as:

- I am in receipt of Job Seekers Allowance (WAVJSA)
- I am in receipt of Employment and Support Allowance (WAVESA)
- I am in receipt of Universal Credit and my take-home pay on my statement is less than £345 a month, or £552 if it is a joint claim with my partner (WAVUCR)
- I am in receipt of any other recognised benefit and my take-home pay is less than £345 a month, or £552 if it is a joint claim with my partner AND this course will help me to find more sustainable employment (WAVBEN)
- I am employed and earning less than £17,374.50 per year, or £21,157.50 if I am resident in the GLA (WAVLOW)
- I am 19-23 years of age and eligible for a full level 2 waiver, studying my first full level 2 qualification (WAVFL2)
- I am 19-23 years of age and eligible for a full level 3 waiver, studying my first full level 3 qualification (WAVFL3)
- I am 19-23 years of age and I am studying an eligible Entry Level or Level 1 course to support my progression onto a Level 2 course (WAVFLEX)
- I am 19+ years of age and studying to achieve my first pass grade at Functional Skills or GCSE maths and/or English (WAVEM)
- I am 19+ and do not have a full level 3 and am completing a qualification on the NSF (National Skills Fund) list (WAVNSF)
- I am 19+ and am completing an essential digital skills qualification and I have been assessed as below level 1 (WAVDIGSK)

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Evidence Type:

Evidence seen by:

GLA: Yes No

Date:

D. I am an Apprentice and:

- I am aged 16-18 at the start of my Apprenticeship (APP1618)
- I am aged 19 or over at the start of my Apprenticeship (APPADULT)

FEE DECLARATION (All applicants please read and sign)

I am satisfied that the costs associated with the programme have been explained to me. If any proposed payment via a loan or employer is not fulfilled, or I withdraw, the liability for any unpaid fees will revert back to me. In the event that a debt collection agency is involved then I will be liable for tuition fees plus any legal and administrative fees incurred. I understand that refunds will only be issued in the event of the course being cancelled by the College or in exceptional circumstances in line with the College Refund Procedure (copy available on request).

Applicant Signature:	Payment Amount: £	Payment Type: <input type="checkbox"/> Debit Card* <input type="checkbox"/> Credit Card* <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <small>*To pay by credit/debit card call Client Services</small>
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9. MARKETING EVALUATION

A. Are you a current student of: (please tick box) East Surrey College John Ruskin College Neither

B. Where have you seen marketing promotions for your course? (please tick one box only)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Employer | <input type="checkbox"/> Job Centre Plus | <input type="checkbox"/> Search Engine (eg Google) |
| <input type="checkbox"/> Bus Stop/Tram Advert | <input type="checkbox"/> Facebook/Instagram | <input type="checkbox"/> Leaflet | <input type="checkbox"/> Text Message |
| <input type="checkbox"/> College Open Event | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Course Guide | <input type="checkbox"/> Former/Current Student | <input type="checkbox"/> Press Advert | <input type="checkbox"/> Website |
| <input type="checkbox"/> Email | <input type="checkbox"/> Hotcourses/Floodlight | <input type="checkbox"/> School/College | Other: |

PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF ►

10: LEARNING AGREEMENT DECLARATION

I am satisfied that:

- The suitability of the programme and the entry requirements for it have been explained to me.
- I have received information, advice and guidance on my choice of learning programme and progression routes.
(not applicable for Adult Community Learning and non-qualification courses)

Declaration:

- I formally accept the learning programme specified on this agreement.
- I certify that the information I have provided is complete and correct.
- I agree to abide by the College regulations and with the Learning Contract (available at www.esc.ac.uk or www.johnruskin.ac.uk).
- I authorise the College to provide appropriate information to my parent(s) or guardian(s) (if under 19) or employer, sponsor or Student Loan Company (if appropriate) on progress and attendance on courses for which I have enrolled, or in the event of any cause for concern or a medical emergency.
- I confirm that I have read the Terms & Conditions of Enrolment (available at www.esc.ac.uk/enrolment-terms-conditions or www.johnruskin.ac.uk/policies).
- I agree to be contacted by the College after the end of my course to establish destination data (including Apprenticeship progression) for use within the College reporting mechanisms.

PRIVACY NOTICE 2021/2022 | 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.

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 ILR learner data for 3 years for operational purposes and 66 years for 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-ilor>

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. In these cases, it is part of our statutory duties and we do not need your consent.

Where sharing is not part of our statutory duties, you can give your consent to be contacted by other third parties about:

- courses or learning opportunities for surveys and research by: post phone email

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 ESFA Privacy Notice (<https://www.gov.uk/government/publications/esfa-privacy-notice>)

IMAGERY

On occasion you may be photographed/filmed at an event, in your classroom or around the College. Your image, name and/or coursework may be used to celebrate student success or to promote courses and the work of the College.

I give permission for East Surrey College Corporation t/a Orbital South Colleges to publish my image, name and/or coursework in any printed and/or electronic promotional materials. The College will not utilise my personal data in a defamatory manner and shall keep it secure throughout the period of its use. I understand that I can withdraw my permission at any time although I am aware any such published material will not be recalled if I choose to withdraw my consent.

- Yes No

STAYING IN TOUCH

Your privacy is important to us. We'd like to keep in touch so please complete your contact preferences below.

(Please tick all that apply)

- I would be interested in receiving:** **I am happy for the College to contact me by:**
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Information about new courses | <input type="checkbox"/> Email |
| <input type="checkbox"/> Newsletters and details on upcoming events | <input type="checkbox"/> Post |
| <input type="checkbox"/> Research and surveys | <input type="checkbox"/> Phone |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> SMS (Text) |

You can withdraw your permission for the use of your personal data at any time by emailing Client Services.

If you would like a more detailed explanation about GDPR changes and your right to be forgotten, visit: www.ico.org.uk.

I declare that to the best of my knowledge the information I have given is a true and correct record and I give my consent to the College processing this information in accordance with GDPR and the Data Protection Act 2018.

I CONFIRM that I have read the Learning Agreement Declaration incorporating the Imagery and Staying In Touch sections:

Applicant Signature:

Date:

Staff Signature:

Date:

Once completed and Section 10 is signed please return to Client Services.

As part of its funding agreement with the Education and Skills Funding Agency (ESFA), Orbital South Colleges vocational courses are part or fully funded by the European Social Fund.



Education & Skills
Funding Agency



European Union

European
Social Fund

SUPPORTED BY

MAYOR OF LONDON

Office
use only

STAGE 1: Evidence of (PLR)

Evidence seen:

Staff initial: Date: / /

STAGE 2: Form Screening

Residency Document:

Residency Expiry:

Staff initial: Date: / /

STAGE 3: Enrolment Data Input on EBS

Processed by:

Audited by:

Date: / /