

# Part Time Enrolment Form & Learning Agreement



2011/2012

Please complete this form in BLOCK CAPITALS in ballpoint pen.  
If you have any difficulties in completing the form or would like a large print version please contact Student Services on 0800 731 2250

Please return to: Student Services, North Star Avenue, Swindon, SN2 1DY. T: 0800 731 2250 / 01793 491591 F: 01793 430503

**1. I would like to enrol on:** Please use course title and code shown in the course guide.

Course Title	Course Code	Day	Fee in the course guide	Office use only		
				Actual Start Date	Expected End Date	Waiver

## 2. Residency

Are you or your parent/guardian here on a student visa  
Yes  No  **If yes**, please specify Country of residence:  
(Country Domicile) \_\_\_\_\_

Have you been resident in England for 3 years prior to this enrolment?  
Yes  No  **If no**, please specify Country of residence:  
(Country Domicile) \_\_\_\_\_

If you are under 19 at the start of your programme, has your parent/guardian been resident in England for 3 years prior to this enrolment?  
Yes  No  **If no**, please specify Country of residence:  
(Country Domicile) \_\_\_\_\_

## 3. About Yourself

Have you previously enrolled on a course at Swindon College?  
No  Yes  ID Number: \_\_\_\_\_

Unique Learner Number: \_\_\_\_\_ Proof of ULN \_\_\_\_\_  
Office use only

Title (Mr/Mrs/Miss/Ms/Dr): \_\_\_\_\_ Gender: Male  Female

Surname: \_\_\_\_\_  
Forename(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
Mobile Tel: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
National Insurance No: \_\_\_\_\_

Are you currently enrolled at another educational institution?  
No  Yes  *If yes, please enter the institution:* \_\_\_\_\_

## 4. Emergency Contact Details

Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 5. Employment Status. Please tick the appropriate box:

Employed Full Time  Part Time  Self Employed

Are you released from work to study Yes  No

Is this course related to your work Yes  No

Unemployed  Time Unemployed: Years \_\_\_\_\_ Months \_\_\_\_\_

Are you in receipt of JSA  ESA(WRAG)  No benefits

Unemployed through redundancy Yes  No

Unemployed through other reasons Yes  No

Economically inactive

**JSA** (Job Seeker's Allowance) **ESA** (Employment Support Allowance)  
**WRAG** (Work Related Activity Group)

## 6. Previous Qualifications

What is your highest current qualification?  
Please tick one box only: **(must be completed)**

**No qualifications**

**Entry Level** e.g. Basic Skills

**Level 1** e.g. NVQ 1 or GCSEs below Grade C or CSEs below Grade 1 or BTEC First Certificate or GNVQ Foundation

**Level 2** e.g. NVQ 2 or 5 x GCSEs Grade A\*- C or 5 x O Levels or 5 x GCSEs Grade 1 or BTEC/RSA 1st Diploma or GNVQ Intermediate

**Level 3** e.g. NVQ 3 or 2 or more A or AS Levels or BTEC National Diploma or RSA or CGLI Advanced Certificate or GNVQ Advanced

**Level 4** e.g. NVQ 4 or HNC or Professional Diploma

**Level 5** e.g. Foundation Degree HND or NVQ 5

**Other (Please state)** \_\_\_\_\_

## 7. Do you wish to claim a reduction in fees?

This information is PRIVATE and CONFIDENTIAL.  
I wish to claim reduced course fees because I receive the following benefit(s):  
 Job Seeker's Allowance (Benefit office stamp only)  
 Employment Support Allowance (Benefit office stamp only)  
Contact Student Services for a form to take to your Benefit Office. You must inform the College of any change which could affect your fee reduction.

## 8. How will your fees be paid?

I wish to pay fee(s) totalling £ \_\_\_\_\_ (please tick appropriate box)

**Cash** (please do not send cash if enrolling by post)

**Cheque** (make payable to Swindon College)

**Credit/Debit Card**

**Instalments** these can be agreed for fees over £150. You pay a third when you enrol, followed by up to two further payments

**Invoice to Employer** (please enclose a letter of authorisation from your employer if they are paying your course fees)

**I will claim my course fees back from my employer**

Employer's Name \_\_\_\_\_  
and Address: \_\_\_\_\_

**Staff Development unit** (Activity code) \_\_\_\_\_

**Other, please specify:** \_\_\_\_\_

## 9. How did you hear about the course(s)?

Please complete the following - it will help us in our future planning.  
How did you get your copy of the part time course guide?  
 Through the door  From Library or other venues  
 Emailed/phoned to request it  Visited college on general enquiry  
 From employer/workplace  Newspaper article/advertising  
 Friend/relative/colleague  Previous course tutor  
 College web site  Facebook Online Advertising  
Other, please state: \_\_\_\_\_

Swindon College may occasionally send you information about courses, events and new developments. Please tick here if you do not wish to receive this information

**10. Widening Participation**

If any of the following applies to you please tick the appropriate box:

- Asylum Seeker  Refugee
Documentation checked: \_\_\_\_\_ Date: \_\_\_\_\_
 Statutory education interrupted  Traveller
 Full time Carer  In or recently left care

**11. Support for Learning**

Swindon College wishes to support you in your learning and recognises that some students have a disability or a learning difficulty. This information is completely confidential and does not affect your application to Swindon College. If you feel you may require support during your learning, please specify:
eg. Visual impairment, Dyslexia \_\_\_\_\_

Are you in receipt of Disabled Student Allowance?

**12. Equality of Opportunity**

Please complete the following information accurately to help the College comply with the Equality Act 2010 and ensure that you are treated fairly. All information is confidential, seen by a limited number of staff and our reporting mechanisms guarantee data protection.

**White:** English/Welsh/Scottish/Northern Irish/British  Irish

Gypsy or Irish Traveller  Any other White background

**Mixed/Multiple Ethnic Group:** White & Black Caribbean

White & Black African  White & Asian

Any other Mixed/Multiple Ethnic Background

**Asian/Asian British:** Indian  Pakistani  Bangladeshi

Chinese  Any other Asian background

**Black/African/Caribbean/Black British:** African  Caribbean

Any other Black/African/Caribbean background

**Other Ethnic Group** Arab  Any other ethnic group

The following questions are not compulsory but we would appreciate you providing this information for equality monitoring purposes:

**Marital Status** Are you married / in a civil partnership? Yes  No

**Sexual Orientation** Homosexual / Gay / Lesbian  Bisexual  Heterosexual

**Faith or Belief:** \_\_\_\_\_

**Pregnancy and Maternity** Are you currently pregnant or within any type of maternity leave? Yes  No

**Gender Reassignment** Are you proposing to undergo, undergoing or have undergone gender reassignment? Yes  No

Receipt



**13. Data Protection Statement**

**How Your Personal Information will be used**

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 partners organisations for purpose 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 and http://www.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm

Please tick the relevant box/es indicating the methods by which you do not want to be contacted for surveys, research and learning opportunities:

Post  Telephone  E-mail

Do not wish to be contacted in respect of: Surveys and research  or, courses and learning opportunities

For learners under the age of 19 as at 31 August in the Academic year of the start of your programme, your parents and guardians may be consulted with regard to your attendance. If you object to information and data being given to your parents/guardians, please inform the Director of Student Services in writing within four weeks of the start of the course. If you object to the College publishing your results please inform the Director of Student Services in writing within four weeks of the start of the course.

The information you provide on this enrolment form will be entered onto Swindon College's student record system. The form will be held in a locked filing/archive room for a period of seven years before being destroyed. If you require access to your enrolment records whilst at Swindon College, please contact the CIS Data Team on freephone 0800 7312250

Swindon College may process personal information obtained from this form or other data from you or other people while you are a learner. This information will be processed for any purposes in connection with your studies, for health and safety reasons and any other legitimate reason.

**Learning Records Service Standard Fair Processing/Privacy**

The information you supply will be used by the Chief Executive of Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at http://www.learningrecordservice.org.uk/privacy-copyright.htm .

**14. Student Declaration**

Please read this section carefully. If there is anything that you do not understand, please contact Swindon College Student Services before signing the declaration.

I confirm that I have received information and advice about my choice of learning programme through the Part Time Course Guide and/or Swindon College staff.

As a result of this information and advice, I state that:

- I understand the implications of my choice of learning programme.
I understand the entry requirements of each learning aim within my chosen learning programme. The learning programme suits my needs, progression and personal ambitions. A check was carried out to see if previous experience or qualifications could be counted towards the course.
I know what additional support (practical, child care, tutor, financial) is available in order to help me complete the course.
I understand that refunds will only be given in exceptional circumstances.
If you withdraw from your course you will still be liable for fees.

Student Services assessment was provided by:

Tutor: \_\_\_\_\_ Signed: \_\_\_\_\_

I confirm that the information provided to Swindon College is correct. I agree to abide by the regulations, procedures and policies of Swindon College. I agree to inform the College in writing of the following: Any change in circumstances that may affect my fee status eg. receiving benefit. Any medical condition which may affect my performance on the learning programme or in College activities. I understand that all courses are subject to change in light of enrolments and patterns of attendance. It is my intention to complete the programme and register for qualifications if applicable. The College reserves the right to use work generated by learner for publicity purposes up to 5 years from enrolment. I understand this form is a learning agreement between Swindon College and myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you require your information to be altered please write to: College Information Services, Swindon College, North Star Avenue, Swindon, SN2 1DY.

Thank you for enrolling at Swindon College.