



Enrolment Form and Learning Agreement 2011/2012

Please use BLOCK CAPITALS

Have you previously studied at BCA? Yes No

Personal details

Surname Mr / Mrs / Miss / Ms / Dr

First Name

If you have previously enrolled under another name, please state name:

Date of birth D D M M Y Y Y Y

National Insurance Number

Unique learner Number (if known)

Address

Town

County Postcode

Tel (Home) (Work)

Tel (mobile)**

Email

Are you currently in full-time education? Yes No

If yes, name of school

Please tell us your employment status, please tick one:

Employed Self employed Full-time training

Unemployed Economically inactive (retired/not working through choice)

If this changes before you start your course, please notify us.

Person to contact in an emergency

Surname Mr / Mrs / Miss / Ms / Dr

First Name

Contact Tel

Relationship to you

Residency status

Place of Birth

Country of Birth

Nationality

Ethnic Origin: (please tick)

Asian or Asian British:

- Bangladeshi
- Indian
- Pakistani
- Other Asian background

Mixed:

- White and Asian
- White and African
- White and Black Caribbean
- Other mixed background

Black or Black British:

- African
- Caribbean
- Other Black background
- Chinese

White:

- British
- Irish
- Other White background
- Other

Learning difficulties or disabilities:

In order to support you, please answer the following questions:

Do you have a disability? Yes No

Disabilities:

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition
- Emotional/behavioural difficulties
- Mental ill health
- Temporary disability after illness
- Profound complex disabilities
- Aspergers Syndrome
- Multiple disabilities

Learning difficulties:

- Moderate learning difficulties
- Severe learning difficulties
- Dyslexia
- Dyscalculia
- Autistic Spectrum Disorder
- Multiple learning difficulty
- Other specific learning difficulty
- Other

Learner Support

We aim to help you in any way we can, to help us do so, please answer the following questions:

Are you homeless or living in temporary accommodation? Yes No

Are you a traveller? Yes No

Are you an asylum seeker or refugee? Yes No

Are you a full time carer for a dependant? Yes No

Are you living in a hostel or residential care? Yes No

How did you hear about the programme/BCA?

- BCA website
- Library
- Friends/Family
- Current Student
- Connexions
- Nextstep
- School
- BCA Mailshot/flyer/poster

(Please specify)

Search engine

Local Paper

Magazine

Other website

Other

Course details

Course code	Course title	Start date	Time	Fee
				£
				£
				£
				£
				£
Total payable				£

Course fees and reductions

This section is only for those in receipt of income based benefit or an unwaged dependant as defined by Jobcentre Plus of a family in receipt of one of the following: (please tick the relevant benefit applicable to you; you must produce benefit evidence in person)

- Job Seeker's Allowance
 Pension credit (guarantee)
 Housing/Council Tax benefit
 Income Support
 Working Tax Credit
 Asylum seeker receiving assistance
 Other (please specify)

Proof of the above required, please bring one of the following to Admissions:

- Letter from Social Services
 Award Notice
 Letter from Jobcentre Plus

OFFICE USE ONLY

Type of benefit evidence/proof:

Verified by staff:

Copy attached: Y / N

I do not pay full tuition fees because I am:

- Under 19 (except HND/Degree students)
 Aged 14-16, fees paid by school or LEA direct

Eligible for entitlement to: Full Level 2 Full Level 3 Train to Gain

Who is paying your fees

- You, but will be reimbursed by your employer*
 You/your family
 Employer (we require a letter of confirmation from them)*
 Other

Occupation

Employer Details*

Company Name

Company Address

Contact Name

Postcode

Tel

Email

Declaration Please read the section below before signing

- I declare that the information I have provided is accurate and I have read and understood the Fair Processing Notice and statement relating to Data Protection (as shown on page 7 of the part time prospectus).
 - Once enrolled on a programme at BCA, I undertake to observe all College regulations and accept responsibility to pay all fees for which I will be liable.
 - I agree to the College processing personal data contained in this form and other data which the College obtains from me whilst I am a student.
 - I agree to the processing of such data for purposes connected with my studies or my health and safety whilst on the premises.
- Tick this box if you do not wish to be contacted in respect of surveys and research. Our partners value your views on the education or training which you receive, and will use these to help bring about improvements for learners aged over 16 in England.
- Our partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick here if you do not wish to be contacted about courses or learning opportunities by post.
- From time to time, we may choose to send you information on BCA services and programmes, please tick here if you do not wish to receive such information.

Photographs may be taken by authorised personnel and used for College promotional material.

** BCA uses a text messaging service to provide you with support and advice see page 5 for further information.

Signed

Date

Payment details

I enclose a cheque for the sum of £ payable to BCA

Please charge my credit/debit card for the sum of £

Card type: Visa Mastercard Switch

Cardholder name

Valid from date

Expiry Date

Card number

Issue No

Security number (last 3 digits on reverse)