



# Adult/Part-Time Enrolment Form & Learning Agreement 2016/17

To be completed by the applicant. (Please use BLOCK CAPITALS)

If you need any assistance with completing this application form, please contact us on 0800 0711 666.

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

Gender  Male  Female

Address

Town

County  Postcode

Tel Home  Work

Tel (mobile)

Email

Are you currently in full-time education? Yes  No

If Yes, name of school

What is your highest level of qualification?

- Level 1 (GCSE D-G)  Level 2 (GCSE A\*-C)
- Level 3 (A levels)  Level 4 (HNC)
- Level 5 (HND)  Level 6 (Degree)

### Residency status

Country of Birth

Nationality

Have you been a permanent resident in the UK/EU for the past 3 years?

Yes  No

If No, how long have you lived in the UK for?  Yrs/mths

Date of Entry to the UK

### Person to contact in an emergency

Name

Contact Tel

Relationship to you

### Ethnic Origin: (please tick)

- Asian or Asian British:
  - Bangladeshi
  - Indian
  - Pakistani
  - Chinese
  - Other Asian background
- Mixed:
  - White and Asian
  - White and Black African
  - White and Black Caribbean
  - Other mixed background
- Black or Black British:
  - African
  - Caribbean
  - Other black background
- White:
  - British
  - Irish
  - Gypsy/Irish Traveller
  - Other White background
- Other Ethnic Group:
  - Arab
  - Other

### Learning difficulties or disabilities:

Do you have a Learning Difficulty Assessment or Education Health Care Plan or LDA? Yes  No

Do you have a learning difficulty or disability? Yes  No

Please tick all that apply in col A and tick which is your primary condition in col B

- |               |                          |                          |                               |                          |                                    |
|---------------|--------------------------|--------------------------|-------------------------------|--------------------------|------------------------------------|
|               | A                        | B                        |                               | A                        | B                                  |
| Disabilities: | <input type="checkbox"/> | <input type="checkbox"/> | Visual impairment             | <input type="checkbox"/> | <input type="checkbox"/>           |
|               | <input type="checkbox"/> | <input type="checkbox"/> | Hearing impairment            | <input type="checkbox"/> | <input type="checkbox"/>           |
|               | <input type="checkbox"/> | <input type="checkbox"/> | Disability affecting mobility | <input type="checkbox"/> | <input type="checkbox"/>           |
|               | <input type="checkbox"/> | <input type="checkbox"/> | Other physical disability     | <input type="checkbox"/> | <input type="checkbox"/>           |
|               | <input type="checkbox"/> | <input type="checkbox"/> | Other medical condition       | <input type="checkbox"/> | <input type="checkbox"/>           |
|               |                          |                          | <input type="checkbox"/>      | <input type="checkbox"/> | Mental health difficulty           |
|               |                          |                          | <input type="checkbox"/>      | <input type="checkbox"/> | Temporary disability after illness |
|               |                          |                          | <input type="checkbox"/>      | <input type="checkbox"/> | Profound complex disabilities      |
|               |                          |                          | <input type="checkbox"/>      | <input type="checkbox"/> | Aspergers Syndrome                 |
|               |                          |                          | <input type="checkbox"/>      | <input type="checkbox"/> | Social and Emotional difficulties  |

- |                        |                          |                          |                                |                          |                                    |
|------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|------------------------------------|
|                        | A                        | B                        |                                | A                        | B                                  |
| Learning difficulties: | <input type="checkbox"/> | <input type="checkbox"/> | Moderate learning difficulties | <input type="checkbox"/> | <input type="checkbox"/>           |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | Severe learning difficulties   | <input type="checkbox"/> | <input type="checkbox"/>           |
|                        | <input type="checkbox"/> | <input type="checkbox"/> | Dyslexia                       | <input type="checkbox"/> | <input type="checkbox"/>           |
|                        |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/> | Autistic Spectrum Disorder         |
|                        |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/> | Other specific learning difficulty |
|                        |                          |                          | <input type="checkbox"/>       | <input type="checkbox"/> | Dyscalculia                        |

### Learner Support

- 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
- Internet
- Friends/Family
- Current Student
- Social Media Advertising
- Newspaper
- School
- BCA Mailshot/flyer/poster

(Please specify)

- Search engine
- Local Paper
- Magazine
- Other website
- Other

## Course details

| Course title   | Start date | Time | Fee                    |
|--|------------|------|------------------------|
|  |            |      | £                      |
|  |            |      | £                      |
|  |            |      | £                      |
|  |            |      | £                      |
| <input type="checkbox"/> I am paying the full fee myself |            |      | <b>Total Payable</b> £ |

## Employment Status information

### Employment status prior to starting the course: (please tick)

Employed less than 16 hours / week  Employed more than 16 hours / week  How many hours per week?

### Employer details (only complete if your employer is to be invoiced)

My employer is paying the fee

|              |                      |                 |                      |
|--------------|----------------------|-----------------|----------------------|
| Company name | <input type="text"/> | Company Address | <input type="text"/> |
| Contact name | <input type="text"/> | Postcode        | <input type="text"/> |
| Tel          | <input type="text"/> | Email           | <input type="text"/> |

Unemployed-looking for work/available to start  Unemployed-not looking for work/not available to start  Self employed  Employed

Unemployed - How long have you been unemployed  Months  Employed - How long have you been employed  Months

### Are you claiming any State Benefits?

Job Seekers Allowance  Employment Support Allowance (in a Work Related Activity Group)  
 Universal Credits  Other (please specify)

### Benefits Document seen (please specify)

## Household Situation

Please indicate below your household situation: A household includes either one person living alone or a group of people living together

- The household includes only one adult (individual aged 18 or above)  
 The household includes one or more dependent child (aged 0-17 years or 18-24 if full time student)  
 No household member is in employment  None of these statements apply  I prefer not to say

## Declaration Please fully read the section below before signing

- I declare that all the information I have provided is accurate and that I have read and understood the Privacy Statement (below).
- I authorise the College to contact external bodies and share information as outlined in the Privacy Statement (below).
- I accept that fees are not refundable, except where the College cancels a course and that, if I stop attending a course, I will not be entitled to a refund.
- I authorise the College to provide appropriate progress and attendance information to my employer or sponsor, for the course on which I am enrolled.
- I agree to comply with the College's policies and procedures
- I agree to my image/photo being kept on file for security and identification purposes and that, I may be required to participate in college activities where photographs, video or digital images or audio recordings are taken.
- I agree that any photographs taken of me whilst undertaking my course may be used for college promotion or marketing purposes.

### Privacy Notice - How we use your personal information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Skills Funding Agency") and the Department for Business Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet 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). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training.

You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

About courses or learning opportunities  For surveys and research  By post  By phone  By email

Signed (applicant)  Date

OFFICE USE ONLY  
Signed on behalf of BCA  Date

This 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.



## Payment details

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

I wish to pay by Credit/Debit card

**If you wish to pay by Credit/Debit card, please call 01628 827438 (Tues-Thurs)**