

ENROLMENT FORM SUMMER 2017

Please complete this form in BLOCK LETTERS. Information will be treated as confidential in line with the Data Protection Act 1998. It will be used to ensure the needs of students are met and to monitor our Equal Opportunities Policy. Information you provide may be passed to the Skills Funding Agency (SFA) and other funders. See page 20 of the Autumn brochure for a full statement.

Swarthmore works in partnership with Open Door Adult Learning Centre in Sheffield.



Swarthmore
friendly learning

PERSONAL DETAILS

Surname	Other Names	Mr/Mrs/Ms	Date of Birth	Gender										
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">DD</th> <th style="width:33%;">MM</th> <th style="width:33%;">YY</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	DD	MM	YY				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">M</th> <th style="width:50%;">F</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	M	F		
DD	MM	YY												
M	F													

Address

 _____ **Postcode** _____
 Tel _____
 Tel other _____
 Email _____

Emergency Contact (if you have an accident or are ill)
 Name _____
 Tel _____

Please inform Reception of any changes to the above details

How would you describe your ethnic origin? (tick one box)

<p>White</p> <input type="checkbox"/> English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background <p>Mixed/Multiple ethnic group</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/ multiple ethnic background	<p>Black/African/Caribbean/ Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/ Caribbean background <p>Asian/Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <p>Other ethnic group</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not provided
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COURSE DETAILS

Course Code	Course Title	Course Fee	Receipt No. (office use only)
PAYMENT (cheque payable to Swarthmore)		MEMBERSHIP FEE £4	Total £
Optional Donation to Swarthmore's Charitable Work			Amount Paid £
			Balance £

EMPLOYMENT STATUS see page 21 for definition

<input type="checkbox"/> Employed/Self employed 20 hours or more per week <input type="checkbox"/> Employed/Self employed 16–19 hours per week <input type="checkbox"/> Employed/Self employed less than 16 hours per week <input type="checkbox"/> Not in paid employment and looking for work (please complete length) <input type="checkbox"/> Not in paid employment and NOT looking for work (please complete length)	<p>Length of unemployment if not employed</p> <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6–11 months <input type="checkbox"/> 12–23 months <input type="checkbox"/> 24–35 months <input type="checkbox"/> 36 months or more
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CONCESSIONS

<p>I wish to apply for 'D' or 'A' rate concession. I am in receipt of: (please tick)</p> <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Income based benefit <input type="checkbox"/> ESA (Work related activity) <input type="checkbox"/> Incapacity <input type="checkbox"/> ESA (Support group) <input type="checkbox"/> Working tax credit *see page ? <input type="checkbox"/> Universal credit <input type="checkbox"/> Pension Credit Guarantee *see page ? <input type="checkbox"/> <input type="checkbox"/> Asylum seeker	<p>I wish to apply for 'R' rate: (please tick)</p> <input type="checkbox"/> Retired and in receipt of state pension <input type="checkbox"/> A full-time student (leisure courses only eg not prefixed 'F', 'L' or 'N')
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Evidence seen:	N.I. no:	Initial:
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ADDITIONAL INFORMATION

If you consider yourself to have a **health condition, disability and/or learning difficulty**, please tick the appropriate boxes below.

If you tick **more than one** condition please also circle the **most significant** health condition, disability or learning difficulty.

- | | | |
|--|--|--|
| <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Severe learning difficulty | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Social and emotional difficulties |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Profound complex disabilities |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia) | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Speech, language and communication | <input type="checkbox"/> Temporary disability after illness | |
| <input type="checkbox"/> Other learning disability – please specify | <input type="checkbox"/> Other disability – please specify | |

QUALIFICATIONS (tick one box, or enter your highest qualification under 'other')

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Level 3 e.g. 2 A levels, BTEC, OND) |
| <input type="checkbox"/> Qualification below level 1 | <input type="checkbox"/> Level 4 e.g. PGCE, BTEC, HNC, QCF level 4 |
| <input type="checkbox"/> Level 1 e.g. GCSEs/O levels (grades D–G, or less than 5 grades A–C) | <input type="checkbox"/> Level 5 e.g. Degree, HND, QCF level 5 |
| <input type="checkbox"/> Level 2 e.g. 5 or more GCSEs/O levels (grades A–C) | <input type="checkbox"/> Other – please specify: |

I FOUND OUT ABOUT SWARTHMORE FROM ...

- | | | |
|---|--|--|
| <input type="checkbox"/> I was a previous student | <input type="checkbox"/> Internet/website | <input type="checkbox"/> Event or taster session |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facebook/twitter | <input type="checkbox"/> Referred by: |
| <input type="checkbox"/> Passing by | <input type="checkbox"/> Brochure from library/elsewhere | <input type="checkbox"/> Other – please specify: |

RESIDENCE If you have not always lived in the UK please enter below your country of birth and nationality

Country of birth Nationality

How long have you lived in the UK?yearsmonths

CHILDCARE I wish to reserve child-care places as follows:

Day	Time(s)	Age	Name	A Rate	R Rate	Full Rate

PRIVACY NOTICE – HOW WE USE YOUR PERSONAL INFORMATION

The personal information you provide may be passed to the Skills Funding Agency, and the Department for Business, Innovation and Skills. 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 or education.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

You can opt out of contact for other purposes by ticking the appropriate boxes on the right →

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>

Please tick any of the following that apply:

- I do **not** wish to be contacted about courses or learning opportunities
- I do **not** wish to be contacted for survey & research
- I do **not** wish to be contacted by post
- I do **not** wish to be contacted by telephone
- I do **not** wish to be contacted by email

DECLARATION – please sign below

- I acknowledge my entitlement to receive the Swarthmore Annual Report and Financial Statements as outlined in the Swarthmore Autumn Brochure 2016/17.
- I agree to comply with the essential regulations of Swarthmore, to pay tuition fees and inform the Centre of any changes in my circumstances that might affect my eligibility for remission of fees.
- I have read and understood the refund policy on page 22 of the Autumn brochure 2016/17.
- I understand Swarthmore will not accept any responsibility for personal property.
- I have received appropriate advice and guidance about the above course(s).
- I agree to abide by Swarthmore's policies regarding equality of opportunity and behaviour.

Signed

Date