

ENROLMENT FORM Summer 2019

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	
			DD	MM	YY	M	F
Address			How would you describe your ethnic origin? (tick one box)				
_____			White <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				
_____ Postcode _____			Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background				
Tel _____			Mixed/Multiple ethnic group <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				
Tel other _____			Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background				
Email _____			Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not provided				
Emergency Contact (if you have an accident or are ill)							
Name _____							
Tel _____							
Please inform Reception of any changes to the above details							

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 23 of the Autumn brochure 2018-19 for definition

<input type="checkbox"/> Employed/Self employed 31 hours or more per week <input type="checkbox"/> Employed/Self employed 21-30 hours per week <input type="checkbox"/> Employed/Self employed 11-20 hours per week <input type="checkbox"/> Employed/Self employed 0-10 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)	Length of unemployment if not employed <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 12-23 months <input type="checkbox"/> 36 months or more <input type="checkbox"/> 6-11 months <input type="checkbox"/> 24-35 months
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CONCESSIONS

I wish to apply for 'D' or 'A' rate concession. I am in receipt of: (please tick)	I wish to apply for 'R' rate: (please tick)	
<input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> ESA (Work related activity) <input type="checkbox"/> ESA (Support group) <input type="checkbox"/> Universal credit <input type="checkbox"/>	<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')	
<input type="checkbox"/> Income based benefit <input type="checkbox"/> Incapacity <input type="checkbox"/> Working tax credit *see page? <input type="checkbox"/> Pension Credit Guarantee *see page? <input type="checkbox"/> Asylum seeker		
Evidence seen:	N.I. no:	Initial:

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"/> Leeds Adult Learning Course Finder |

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

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). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its 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).

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection Act 1998.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can opt out of contact for other purposes by ticking the boxes under Additional Learner Information→.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: www.gov.uk/government/publications/esfa-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 2018–19.
- 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 NEW refund policy on page 24 of the Autumn brochure 2018–19.
- 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