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**Adult Community Learning Enrolment Form 2019/20 V5**

*We would really appreciate if you could complete this enrolment form. Your comments are really valued. They will be used to monitor the impact of the training being delivered to support you, ensure that everyone can access the training and that the training meets local community need. It is also necessary to collect this information so we can provide evidence to our funders. Without this evidence we would not receive continued funding support from the Education Skills Funding Agency. Thank you.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** |  | **Is the course accredited (Yes or No)** | |  |
| **Provider** |  | **Venue** |  | |
| **Start Date** |  | **Expected end date** |  | |
| **Tutor’s Name** |  | | | |

**Please complete your personal details clearly, using block CAPITALS and black ink**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname / Last**  **Name** |  | **Date of birth (DD/MM/YYYY)** | |  | |
| **First Name** |  | **Please tick female or male** | | Female □ | Male □ |
| **Address:** |  |  | |  | |
| **Postcode** |  | **Email** |  |  | |
| **Telephone** |  | **Mobile** |  |  | |
| **Are you a British or EU Citizen** | Yes □ No □ | **If No – Please indicate your start date of residency in the UK** | |  | |

**Do you have a disability or learning difficulty that may affect your learning?**

**(Please tick): Yes** □ **No** □ **Prefer not to say** □

*We are committed to meeting the requirements of people with learning difficulties and disabilities. If yes, please indicate the nature of your disability or learning difficulty on the reverse of this form.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please identify your disability by ticking the appropriate box please tick all that apply** | | | | | | | | | |
| Visual impairment | | |  | | Hearing impairment | | | |  |
| Autism spectrum disorder / Asperger’s | | |  | | Physical disability | | | |  |
| Multi-sensory impairment | | |  | | Emotional/behavioural difficulties | | | |  |
| Mental health difficulties | | |  | | Speech Language and communication needs | | | |  |
| Profound complex disabilities | | |  | | Complex health needs | | | |  |
| Moderate learning difficulty | | |  | | Severe Learning disability | | | |  |
| **Other please state:** | | | | | | | | | |
| **Is there anything we can do to make your learning experience easier for you? (for example, a learning support assistant)** | | | | | | | | | |
| **From the options given below, please tick the box you feel best describes your ethnic origin** | | | | | | | | | |
| **White** | | **Mixed / Multiple Ethnic**  **Groups** | | | | **Asian / Asian British** | | **Black / African /**  **Caribbean** | |
| British |  | White/Black Caribbean | |  | | Indian |  | African |  |
| White Irish |  | White/Black African | |  | | Pakistani |  | Caribbean |  |
| Gypsy or Irish Traveller |  | White and Asian | |  | | Bangladeshi |  | Any other black background |  |
| Any other White background |  | Mixed/Multiple Ethnic | |  | | Any other Asian background |  |  |  |
| **Other ethnic groups** | | | | | | | | | |
| Arab |  | Chinese | |  | | Any other please state: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For parents of young families please tick the box to**  **Indicate if you are** |  | **a lone parent** |  | **a two-parent family** |  |
| **Do you use a Children’s Centre? if so which one(s)** |  | |  | | |

# Self-Declaration

By ticking the box below, you are confirming that you are eligible for this Community Learning funded course.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you currently (please tick)** | | | | | | | | |  | | |
| Retired | | | | |  | Employed full time | | |  | |  |
| Employed less than 16 hours | | | | |  | Unemployed and volunteering | | |  | |  |
| Unemployed carer | | | | |  | Unemployed student | | |  | |  |
| Self employed | | | | |  | On maternity/paternity adoption leave | | |  | |  |
| Unemployed/ seeking employment | | | | |  | Receiving benefits | | |  | |  |
| **If you are receiving benefits please give details:** | | | | | | | | |  | | |
| **Length of unemployment in months (please tick as appropriate)** | | | | | | | | |  | | |
| **0–6 months** |  | **6–11 months** |  | **12–23 months** | | |  | **24–35 months** |  | **Over 36 months** |  |

# Referral Pathway

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you been referred by any of the following teams? (please tick if applicable)** | | | |
| Strengthening Families Team |  | Family Support Team |  |
| Adult Social Care: Learning difficulties and Mental Health |  | Richmond Community Mental Health Team |  |
| Twickenham Community Mental Health Team |  | Public Health Services: Safety Hub |  |
| Housing Resettlement Team |  | Children’s Centre |  |
| Community Learning |  | Richmond Council for Voluntary Services |  |
| **Other please state:** | | | |

# Your Prior Qualifications

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have any UK qualifications? Please tick** | | | | |  | Yes □ No □ | | | |
| **O level’s /**  **GCSE** | |  | **NVQ /**  **Diplomas** |  | **A Levels / AS Level** |  | **Degree / Masters** | |  |
| **Other please state:** | |  | | |  |  | | | |
| **Do you have any non- UK qualifications?** | | | | |  |  | | Yes □ No □ | |
| **If Yes, please give details:** | | | | |  |  | | | |
| ***Please tick here □ if you give permission for photographs to be taken and used by Community Learning*** | | | | | | | | | |
| **Signed** |  | | | | **Date** | |  | | |

***Please tick to confirm that the tutor has informed you about the Prevent Duty and about British Values. □***

***Please tick to confirm that the tutor has provided you with the Community Learning flyer □***

This form will be given to Community Learning, The Venue, Whitton Road, Twickenham TW1 1BH

If you have any questions or concerns with completing this enrolment form, please contact the Adult Community Learning team on email [ACLsubmissions@richmond.gov.uk](mailto:ACLsubmissions@richmond.gov.uk)

# Privacy Notice & GDPR

The Secretary of State for Education acting through the Education and Skills Funding Agency (ESFA), an executive agency of the Department for Education (DfE) is, for the purposes of the

Data Protection Act 1998 registered as a data controller for personal data processed by the ESFA and other third parties contracted to process data for the ESFA. The Department for Education’s Data Protection registration can be viewed on the Information Commissioner’s website.

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 will be securely destroyed after it is no longer required for these purposes. 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 General Data Protection Regulations Act 2018.

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 agree to be contacted for other purposes by ticking any of the following boxes:

 About courses or learning opportunities.

 For surveys and research.  By post.

 By phone

 By e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>