

Provider

Ely College

Adult Learning & Skills Enrolment Form 2016-2017





Pl	ease fill	in the shade	ed spac	ces in	BLO	CK C	APITA	ALS,	as app	oropria	te, usir	ng Black	or Blue	ink	
Title (Mr,	Giver	Given/Personal/First Names(s) Surname/ Family N				Name		Gend							
Mrs, etc.)												(M or	F)		
												Date of	Birth		
Address										Telepl					
										num	oer				
										Mob num	-				
Postcode			Tick if y resident						nail dress						
	ourse	Details - F	Please	compl	lete b				of the	cours	e that			on	
Course title:						Sta	ırt dat	e:				111	me:		
Location:		Ely Coll	lege			En	d date	э:				Total	hours:		
Equality & Diversity - To help us monitor our Equality and Diversity, please mark the appropriate boxes															
_		-										naik ine	арргорі	late box	(es
Ethnicity – ple Do you have a											-	oooo of o	n omora	onov2 V	u bovo
the right not															
Disability/Eva	cuation T	ype (or No	ne)				Le	earnir	ng Diffi	culty T	ype (o	r None)			
					ovic	ue C)ual	ifica	tions	•					
		No gua	alificatio		evic	ous G	zuai	IIICa	LIOIIS		/el 3 (e	e.a. NVQ	3 or 3 A	Levels)
	Entry I	_evel / Belo				Lev	el 4 (e.g. I	NVQ4.		•	•	ssional o		
Level 1 (e.g.							`					<u>'</u>	g. HND,	<u>'</u>	
Level 2 (e.g. N	IVQ2 or	5 GCSEs g	rade A-	-C)						Oth	ner qua	alification	n, level u	nknowr	1
					_			- 04							
Avorag	o Workin	a Houre no	r wook		Emp	oloyn				. а Т			Retired	1	
Average Working Hours per week (if not working state 0)															
No. of months not employed Less than 6 6-11 12-23 24-35 36+ You may be eligible for a discounted fee if you are in receipt of the following (proof of benefit is required)															
You may b												oroof of	benefit	is requ	ired)
Employment Su						ekers <i>F</i>			Jul INI		ersal		Othe	r Benefit	
in the Work Related Activity Group				Credit					edit						
	Hou	sehold S	ituati	on (F	Requi	ired fo	r all a	accre	dited o	course	s), incl	uding yo	urself		
Household Situation (Required for all accredited courses), including yourself No. of Adults Employed No. of dependent children															
The persona	Linforma	tion vou pro	vido io	2000	d to t	the Ch	iof Ex	roout	ive of G	علانالم 5	undine	· /"tho C	killa Eun	dina Aa	onov"\
and the Dep			s, Innov	ation	and S	Skills (BIS).	Pleas		r to the					
Courses/ Lea	arning	Surveys			liok	•	/ Pos		10113 5		y Phor	ne		By E-ma	ail
<u>Declaration:</u> By signing I certify that the information given is current and correct. I have read and agree to the terms and conditions available to me. I have received guidance on my choice of course(s) and understand the costs, entry requirements and															
suitability of the Signature:	course of	study.						Date				Fee	Paid £		
				FOR	PR	ΟνιΓ)ER	USI	E ON	LY					
Course	FOR PROVIDER USE ONLY Course code: Targeted code: ID code:														

Qual aim:





Learning and Health Problem Types –								
Please make a note of the number and enter this in the space provided on the first page								
Disability / Evacuation	Learning Difficulty							
4 – Visual Impairment	10 - Moderate Learning Difficulty							
5 – Hearing Impairment	11 - Severe Learning Difficulty							
6 – Disability Affecting Mobility	12 - Dyslexia							
7 – Profound complex disabilities	13 - Dyscalculia							
8 – Social and Emotional difficulties	14 - Autism spectrum disorder							
9 - Mental Health Difficulty	15 - Asperger's syndrome							
16 - Temporary Disability After illness (For Example	17 – Speech, Language and Communication Needs							
Post-Viral) or accident								
93 – Other physical disability	94 – Other specific learning difficulty (e.g.							
	Dyspraxia)							
95 – Other medical condition (e.g. epilepsy, asthma,	96 - Other Learning Difficulties							
diabetes)								
97 – Other disability								
98 – Prefer not to say	98- Prefer not to say							

Ethnicity codes – Please record the number on the first page									
White			Mixed/ Multiple ethnic group				Asian/		
_	lish/ Welsh/ Scottish/ Northern Irish/ British	31	White a	and Blac	k Caribbean	35		39	
	Irish		White and Black African			36		40	
Gyp	Gypsy or Irish Traveller		White and Asian			37		41	
	Any Other White background		Any other Mixed/Multiple ethnic background			38		42	
							Any other Asian background	43	
Black/ African/ Caribbean/ Black B				British	Other ethnic group				
African			44		Arab	Arab 47			
Caribbean			45	Any other ethnic group 98			98		
Any other Black/African/Caribbean background			46						

For Provider reference - Type of ID seen (required for accredited learning only)							
Bank/Credit/Debit card	1	National Insurance Card	5				
Certificate of Entitlement to Funding	2	Passport	6				
Driving Licence	3	Other	7				
ID Card or other form of National ID	4	None	8				