



UKPRN 10003198 UPIN 108072
Hull Training and Adult Education
Learner Enrolment Form 2020/2021

Thank you for enrolling with Hull
Training and Adult Education

Unique Learner No:

Learner Ref No:

ULN Evidence Seen:

- ☐ Driving Licence
☐ Bank Details
☐ NI Card
☐ Passport
☐ National ID card

Payments

1st instalment £
Receipt No
2nd instalment £
Receipt No
3rd instalment £
Receipt No
Entered on Pro Solution.....

Please complete this form in capitals

We recommend you contact your local Hull Training and Adult Education Centre for course information and guidance prior to completing this enrolment form. For advice and guidance contact the National Careers Service at nationalcareersservice.direct.gov.uk

1. Payment of fees – Cheques to be made payable to Kingston upon Hull City Council

Who is paying your fee? ☐ **Self** ☐ **Advanced Learner Loan** ☐ **Employer** (If you have ticked the 'employer' box, please enclose a letter from your employer confirming they will pay for the course)

Method of payment:	Amount Paid:	Date paid:	Receipt No:
Cash Cheque Credit/Debit Card			

2. Course Information

Course Code	Course Title	Start Date	Day	Time	Venue

Family Learning Courses only:

Please state below the names and ages of any children who will be attending with you

Name	Age	Name	Age

3. Personal Details

Title	First Name	Middle Name	Surname

Date of Birth	Previous Surname

Address

Post Code	Number of years at this address

Tel No Day	Tel No Eve	Mobile No

Email Address	National Insurance Number

Emergency contact (please provide details of someone we can contact in case of an emergency)

Name	Tel No	Relationship to you

4. Eligibility	
Please state country of birth:	
Have you lived in the UK or EEA as a permanent resident for the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact your Hull Training and Adult Education Centre for further information on eligibility. If you were not born in the UK, please give the date of first entry to live in the UK	
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state your first language:	

5. Ethnic Origin (Please tick one box that best describes your cultural background)				
White	Mixed	Asian or Asian British	Black or Black British	Chinese or Arab
<input type="checkbox"/> British	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Arab
<input type="checkbox"/> Gypsy or Irish traveller	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Black	
<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Any other white background	<input type="checkbox"/> Other Asian		

6. Household Situation (Please tick all that apply)
<input type="checkbox"/> No member of the household in which I live (including myself) is employed
<input type="checkbox"/> The household that I live in includes only one adult (aged 18 or over)
<input type="checkbox"/> There are one or more dependent children (aged 0-17 or 18-24 years if full time student or inactive) in the household
<input type="checkbox"/> None of these statements apply

7. Employment Status (please complete all sections)					
Employed <input type="checkbox"/>		Self-employed <input type="checkbox"/>			
<input type="checkbox"/> 0-10 hrs per week	<input type="checkbox"/> 11-20 hrs per week	<input type="checkbox"/> 21-30 hours per week	<input type="checkbox"/> 30+ hrs per week		
Employment duration	<input type="checkbox"/> up to 3 months	<input type="checkbox"/> 4 -6 months	<input type="checkbox"/> 7-12 months	<input type="checkbox"/> 12 months +	
Not employed (please tick below)					
<input type="checkbox"/> In full time education or training prior to enrolment					
<input type="checkbox"/> Not in paid employment and not looking for work and/or not available to start work					
<input type="checkbox"/> Not in paid employment, looking for work and available to start work					
<input type="checkbox"/> In receipt of Job Seekers Allowance (JSA)					
<input type="checkbox"/> In receipt of Employment and Support Allowance – Work Related Group (ESA WRAG)					
<input type="checkbox"/> In receipt of state benefit other than JSA, Universal Credit or ESA (WRAG) unemployed and looking for work					
<input type="checkbox"/> In receipt of Universal Credit					
Unemployment duration	<input type="checkbox"/> up to 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 +

8. Support for People with Disabilities and/or Learning Difficulties
We offer support to those who need it to help them get the best from their course. Can our support team contact you, in confidence, to discuss how we can help you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider that you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please help us to meet your needs by indicating the nature of your disability

Disability		Learning Difficulty	
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Temporary disability after illness or accident	<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Autistic Spectrum disorder
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Social and emotional difficulties	<input type="checkbox"/> Severe learning difficulties	<input type="checkbox"/> Aspergers syndrome
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Profound complex disabilities	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Dyscalculia
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Mental health difficulty	<input type="checkbox"/> Speech, Language and Communication Needs	<input type="checkbox"/> Other Specific Learning Disability
<input type="checkbox"/> Other medical condition (please state)		<input type="checkbox"/> Other learning difficulty (please state)	

9. Additional Support Requirements

If you need financial support to help you complete your course, you may be able to get help with the costs of your course and resources. **Please ask at reception for an application form.**

10. Previous Qualifications

What is the highest level of qualification you have, regardless of the course you are enrolling on?

<input type="checkbox"/> No formal qualifications	<input type="checkbox"/> Entry level or below
<input type="checkbox"/> Level 1 (e.g. GCSE grades D-G/3-1, CSE below grade 1, NVQ 1 GNVQ foundation)	<input type="checkbox"/> Level 2 (e.g. 5 or more GCSEs grade A-C/9-4, NVQ 2, BTEC 1 st , GNVQ Intermediate 2 or 3 AS levels)
<input type="checkbox"/> Level 3 (e.g. 2 or more A levels, BTEC National, GNVQ Advanced, 4 AS levels, NVQ 3, Access to HE)	<input type="checkbox"/> Level 4 (e.g. HNC, NVQ 4, Certificate of Higher Education)
<input type="checkbox"/> Level 5 (e.g. Foundation Degree, HND)	<input type="checkbox"/> Level 6 (e.g. BA, BSc, Graduate Certificate & Diplomas)
<input type="checkbox"/> Level 7 + (e.g. Masters Degree, Postgraduate Certificates and Diplomas; Doctorates)	

English and maths GCSE achievement: please tick all that apply



<input type="checkbox"/> English GCSE A*-C/9 to 4	Grade	<input type="checkbox"/> Maths GCSE A*- C/9-4	Grade
<input type="checkbox"/> Functional Skills English level 2		<input type="checkbox"/> Functional Skills Maths level 2	


11. Concessionary Fee Eligibility. Please tick appropriate box. Evidence must be provided – originals only as photocopies cannot be accepted.

<input type="checkbox"/> In receipt of Job Seekers' Allowance	<input type="checkbox"/> Aged 16 – 18 at the time of enrolment
<input type="checkbox"/> In receipt of income-related Employment & Support Allowance (Work Related Activity Group only)/Universal Credit (Work Related Requirements Group, Work Preparation Group or Work Focused Interview Group)	
<input type="checkbox"/> In receipt of Pension Guarantee Credit, income support, housing benefit, Council Tax Benefit (not single person occupancy) or Working Tax Credit with a household income of less than £18,000	
<input type="checkbox"/> Dependant of above	
<input type="checkbox"/> Taking a Skills for Life course, excluding English for Speakers of other Languages (including Digital Skills qualifications at entry and level 1)	
<input type="checkbox"/> Low wage earner (learner earns less than £17,004.00 per annum)	

Office use only: Hull Training and Adult Education has agreed that the learner is eligible for fee remission and where appropriate has agreed to remit a percentage of the fee that would be charged to the learner

Evidence seen and copied by:	Date:
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12. Where did you find out about the course?			
<input type="checkbox"/> Leaflet/Prospectus from one of our Centres	<input type="checkbox"/> Leaflet/Prospectus from an event (please specify)	<input type="checkbox"/> Leaflet/Prospectus from other source (please specify)	<input type="checkbox"/> Hull Training and Adult Education website
<input type="checkbox"/> Already attending a course	<input type="checkbox"/> Local Media – Paper/Radio	<input type="checkbox"/> Other website (please specify)	<input type="checkbox"/> Other (please specify)
Did you find it easy to access course information? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what would have made it easier?	
Is there a course you would like us to provide that is not available? If so, please provide details.			
13. Declaration			
I declare that the information given in this form is correct and undertake to inform the Hull Training and Adult Education Centre should there be any changes to my circumstances during the period of study.			
<input type="checkbox"/> I have read and understand the Terms and Conditions including how you use my personal information <input type="checkbox"/> I am not currently enrolled on a similar course at any other institution			
<p>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 may also be contacted by external partners who carry out surveys on our behalf.</p> <p>Tick this box if you are happy to be contacted by us for surveys and research <input type="checkbox"/></p> <p>How do you prefer to be contacted: by post <input type="checkbox"/> by phone <input type="checkbox"/> by email <input type="checkbox"/></p> <p>Tick this box if you wish to be added to the mailing list for Hull Training and Adult Education <input type="checkbox"/></p>			
<p>Use of the Internet Hull Training Adult Education believes that all learners enrolled on courses that involve the use of a computer should have free access to the internet. In return we expect all our learners to make responsible use of this facility. This means we expect learners not to abuse the facility by accessing inappropriate websites where offensive (i.e. obscene, pornographic, racist, sectarian, sexist or homophobic) materials are displayed. Furthermore we expect all our learners not to use email for the distribution of such offensive materials.</p> <p>I agree with this statement as a condition of my enrolment <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Signature of learner		Date	
Funded by  Education & Skills Funding Agency		 European Union European Structural and Investment Funds	
<p>You are on an Agency funded programme that could be used as match funding and is therefore deemed part-funded by the ESF.</p>			

14. Learning Agreement		
Initial Assessment		
<input type="checkbox"/> I would like an assessment of my English skills	<input type="checkbox"/> I would like an assessment of my maths skills	<input type="checkbox"/> I would like an assessment of my IT skills
For further information advice and guidance contact the National Careers Service at nationalcareersservice.direct.gov.uk or telephone 0800 100 900		 <small>quality standard for information advice and guidance services approved by the matrix Accreditation Body</small>

15. Previous Qualifications - please list all qualifications				
Awarding Body	Name of Qualification	Level	Grade	Date Awarded

16. Initial Guidance			
I confirm that the guidance I received covered the following points and this information was given to me individually or in a group session			
<input type="checkbox"/> Fire regulations	<input type="checkbox"/> Health & safety	<input type="checkbox"/> Equal opportunities	<input type="checkbox"/> Learner support fund
<input type="checkbox"/> Accreditation	<input type="checkbox"/> The range of support available	<input type="checkbox"/> Length of the course	<input type="checkbox"/> Future opportunities
<input type="checkbox"/> How to access further advice	<input type="checkbox"/> The content, assessment and expected outcomes of my course	<input type="checkbox"/> Consideration given to previous study and experience	<input type="checkbox"/> The entry requirements, if appropriate

17. Primary Learning Goal			
Learning goal		Qualification aim code	
		Awarding body	
Start date		Planned end date	
Planned weekly course hours (a) ____ total number of weeks (b) ____ (a) x (b) = total number of yearly course hours ____			
Have you studied for this qualification before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are you improving on a previous grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Or are you re-sitting this qualification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The student has been given all the necessary advice and guidance and I have agreed their learning goal			
Signature of tutor			Date
I have read and understand the fees and charges policy			
Signature of learner			Date