

Kidderminster College Enrolment and Learning Agreement 2009/10

(Large print available)

Student reference number

Sections 1 - 10 to be completed by Student

ULN

1. About you (Please write clearly in ball point pen)

Title	Mr	Mrs	Miss	Ms	Dr	Other	Male		Female		
First name							Telephone				
Last Name							Mobile				
Date of Birth					1	9	Email				
Address							National Insurance No				
Post Code							Previous surname (if applicable)				
Emergency contact name				Relationship				Telephone			

2. Your Ethnic Origin (please tick one)

(11) Asian or Asian British - Bangladeshi	<input type="checkbox"/>	(17) Black or Black British - Caribbean	<input type="checkbox"/>	(23) White British	<input type="checkbox"/>
(12) Asian or Asian British - Indian	<input type="checkbox"/>	(18) Chinese	<input type="checkbox"/>	(24) White Irish	<input type="checkbox"/>
(13) Asian or Asian British - Pakistani	<input type="checkbox"/>	(19) Mixed race - Asian & White	<input type="checkbox"/>	(25) White Any other	<input type="checkbox"/>
(14) Asian or Asian British - Any other Asian	<input type="checkbox"/>	(20) Mixed race - Black African & White	<input type="checkbox"/>	(98) Other	<input type="checkbox"/>
(15) Black or Black British - African	<input type="checkbox"/>	(21) Mixed race - Black Caribbean & White	<input type="checkbox"/>	(99) not known	<input type="checkbox"/>
(16) Black or Black British - Caribbean	<input type="checkbox"/>	(22) Mixed race - any other mixed race	<input type="checkbox"/>		

3 Declaration

Have you been resident in the UK or EU for the last three years? Yes No Nationality

During the last three years, in which country have you been resident for the longest period?

Before the course I was: (Please circle) Employed Unemployed Self employed Full time education/Training None of these

4 Equal opportunities: do you consider yourself to have a disability or medical condition that may affect your learning?

No Yes Please give details

5 Extra Help: would you like some extra help with any of the following?

No help Reading Writing Spelling / grammar Spoken English Study skills Number work

How can we contact you? Do not contact Telephone Letter Email

6 About your chosen course: please complete with details from the prospectus

Course code	Course title	Weeks	Start date	End date	WGLH	AGLH

Please indicate the highest qualification you already hold level

7 About Fees: if your employer is paying, or you are starting a work-based learning programme, please provide details of who to invoice

Employer's name Company name

Company address Post code

Is your course a part of any of these schemes or initiatives? Apprenticeships E2E NVQ Training

8 Reduced fees You may be eligible for reduced fees if you are in any of the following categories. You will be asked to provide evidence.

(Please note - if you are claiming reduced fees you must ENROL IN PERSON AND EXAM FEES ARE STILL PAYABLE)

You are in receipt of: (15) Job seekers allowance (21) working tax credit (23) Pensions guarantee credit

(04) Income based state benefit not covered here please state

You are: (14) Asylum seeker receiving benefit (08) Unwaged dependent of any people in codes 04, 14, 15, 21 or 23

(01) 16 - 18 year old on 31/08/09 (22) Level 2 entitlement (24) 19 - 25 level 3 entitlement

9 Payment details

Payment method Cash Cheque Card Card type e.g. Visa

Card number Name as on Card

Card valid from Expiry date Issue no Security code

10 Your Learning Agreement with Kidderminster College

I have read and accepted the Learning Agreement, the Data Protection agreement and the terms and conditions as published. I have received advice and guidance about the course. I confirm that all my statements are true and accurate. I agree to notify the college of any changes in my personal details/circumstances.

Learner's Signature: Date:

The LSC or its partners may wish to contact you about relevant courses or learning opportunities. Please tick the box if you do not wish to be contacted.

The LSC or its partners may wish to contact you in respect of surveys or research. Please tick the box if you do not wish to be contacted.

Enrolling Officer I confirm that I have given advice and guidance and assessed the suitability of the course for the learner and for fee remission, the learner has received, Entry requirement details, Details of Course Content. Access and welfare information

Staff signature

Print name

Date

For office use only (to be completed by College Staff)

Tuition fee	<input type="text"/>	Invoice company	<input type="checkbox"/>	Till print
Registration +	<input type="text"/>	Company letter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exam fee +	<input type="text"/>	Any other details		
Other +	<input type="text"/>			
Total =	<input type="text"/>			
Remission -	<input type="text"/>			
Total to pay =	<input type="text"/>			
Card receipt No	<input type="text"/>			

Benefit evidence - the student falls within LSC's tuition fee remission policy and the college has agreed to remit 100% of tuition fee normally chargeable to the student. Please note Remission does not apply to exam fees.

Tick if applicable Evidence type Ref

Verified by Date

Enrolment made by Post In person Fax Telephone

Processed by CIS Received Date Processed by Date

Document scanned Date Initials