

Enrolment Form

Provider Name	YOUTH EDUCARE	Sign up Date	
Provider UKPRN	10047156	Allocated Assessor	
Course Name			CODE:

Section 1a: Learner Details

Title:	Female <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	Date of Birth: 00 / 00 / 0000
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First Name:	NI Number:
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Family Name:

Job Title:

Email Address:

Address Line 1:

Address Line 2:

Address Line 3:

Town:

County:

Postcode:

Mobile:

Telephone:

Do you have a Unique Learner Number?
(Enter ULN in the box, or leave blank)

Is there a related Age Grant application?

Where did you hear about us? :

If learner does not have a ULN, Please indicate what type of evidence you have seen to prove ID?

Passport
 Driving Licence
 Exam Certificate
 NI Card
 Other

Section 1b: Eligibility Details

Has the learner been a full resident in England or the EU/EEA (excluding Wales, Scotland and Northern Ireland) throughout the last 3 years for purposes other than study?

Yes No If No, what was your Previous country of residence?

What is your nationality? (What passport do you hold?)

British Citizen EU / EEA Other, Please State
 Date of entry to UK [if not born here]

If your passport type is 'other', please state what type of visa/leave to remain in the UK do you have?

If you were not born in the UK/EU/EEA and have not been resident for the last 3 years, we need to confirm your entitlement to receive government funding for your training programme. To ensure you fulfil the government Skills Funding Agency's residency criteria we may require additional information to show you have a right of abode. Tick evidence seen

Passport endorsed with leave to remain Biometric Residence Card Visa with no restrictions
 Letter from Home Office (UK Border Agency) confirming refugee status Certificate of naturalisation or registration as British Citizen

Section 1c: Which programme are you applying for?

New qualification to complete: At Level

Learning Aim Reference	
Planned Working Hours for Course	
Learning Start Date	
Learning End Date	
Learning Actual End Box	
Delivery Location Postcode	

Section 2a: Prior Qualifications

All learners must provide detail of all prior qualifications and any other form of study below. If the learner has no qualifications please state 'None'. Please continue onto another sheet of paper if required.

Subject	Level of Study	Grade	Date Achieved

Section 2b: Learner Employment Status (Please Tick)

Employed	Job Title	
	In Paid Employment	
	Self Employed	
	Start Date	
	Hours Per Week	
	Hours Per Week	
Unemployed		
Unemployed		

Section 3: Ethnicity

How would you describe your ethnic origin or personal identity?

We are required to obtain this information to monitor the implementation of our Equality & Diversity Policy in relation to the Equality Act using the Government classification of Ethnicity.

Please Tick your Ethnicity			
English / Welsh / Scottish / Northern Irish / British (31)		Bangladeshi (41)	
Irish (32)		Chinese (42)	
Gypsy or Irish Traveller (33)		Any other Asian background (43)	
Any Other White Background (34)		African (44)	
White and Black Caribbean (35)		Caribbean (45)	
White and Black African (36)		Any other Black / African / Caribbean background (46)	
White and Asian (37)		Arab (47)	
Any other mixed / multiple ethnic background (38)		Any other ethnic group (98)	
Indian (39)		Not provided (99)	
Pakistani (40)			

Section 4: Support Requirements

All learner need to complete the below. We require this information to ensure that any support you need is available to you. **Please indicate any disabilities, learning difficulties and/or health problem.**

	Visual impairment		Moderate learning difficulty
	Hearing impairment		Severe learning difficulty
	Disability affecting mobility		Dyslexia
	Other physical disability		Dyscalculia
	Other medical condition(for example, epilepsy, asthma, diabetes)		Other specific learning difficulty
	Social and emotional difficulties		Autism spectrum disorder
	Mental health difficulty		Other Learning difficulty
	Temporary disability after illness (for example post-viral) or accident		Asperger's syndrome
	Profound complex disabilities		Not provided
	Other disability		
	None		

Please indicate which of the above is your PRIMARY disability, learning difficulty and/or health problem

Section 5: Household Situation

Please tick which the following statement apply (one or more may apply)	
	No member of the household in which I live (including myself) is employed
	The household that I live in includes only one adult (aged 18 or over)
	There are one or more dependent children (aged 0 -17 years or 18-24 years if full time student or inactive) in household
	Lone or Teenage Parent household situation
	Carer or Care Leaver
	I confirm that I wish to withhold this information
	None of these statements apply

Section 6: Confirmation of Details

I confirm that the information I have given on the enrolment form is correct and declare that I have correctly identified my prior qualifications, eligibility for this programme and validated my identity. I have read and understood the contents of this agreement. I also confirm that this document is an original document.

Learner Signature:

Date:

I confirm on behalf of the provider that the information on this form is correct and, to the best of my knowledge, the above name learner is eligible to enter the specified programme. Where applicable, I have seen evidence to support the residency criteria.

Provider Name:

Provider Signature:

Date:

Section:7 Please provide two alternative contacts

Learner's Name:
Date of Birth:

1:

Surname:
First name (s):
Relation: Phone:
Address:
Post Code:

2:

Surname:
First name (s):
Relation: Phone:
Address:
Post Code:

Section:8 CONVICTIONS

Do you have any criminal conviction? Yes No

If you have not been convicted of a criminal offence you must tick the 'No' box.

Give details and please provide necessary documents if you tick 'Yes' box.

Section:9 DATA PROTECTION ACT:

The information you supply on this form will be used by YOUTH EDUCARE in accordance with the Data Protection Act 1998 and other applicable legislation. The institution will use the information to process your application and to provide any relevant further information by post, email or text. It will also be used to support the institutions' marketing and market research activities.

Please tick if you do not wish to receive further information by

Post Text Email Phone

If at any time you change your mind and you would like the institution to stop sending such information, please contact the administration or email admin@youtheducare.com

The information from your application form will be used to set up a student record on the institution's student information (SI) system. Where required this information may be shared with the government or their respective agents to check the accuracy of personal information provided by students against external data sources such as the Higher Education Statistics Agency (HESA), or the Learning Skills Council Individual Learner Record (LSC ILR), returns. The institution may also contact other institutions to confirm previous qualifications obtained.

In order to prevent and detect fraud and comply with regulations for international students we reserve the right to, or may be required to, share this information with external organisations such as the police, the Home Office, the Foreign and Commonwealth Office, the UK Visa's and Immigration and local authorities.

I consent to the Home Office, or related Government agency, releasing information about my immigration history to the YOUTH EDUCARE for these purposes. This may include sensitive personal data about any orders, warnings, convictions or other penalties relevant to immigration. (Please note that failure to provide consent by ticking the above box may delay the processing of your application.)

Section:10 DECLARATION

I confirm that the information I have given on the enrolment form is correct and declare that I have correctly identified my prior qualifications, eligibility for this programme and validated my identity. I have read and understood the contents of this agreement. I also confirm that this document is an original document. I have read the important information regarding my responsibility for payment of fees and agree to pay fees as stated above.

Learner Signature:

Date:

Received and
checked By