

APPLICATION FORM & LEARNING AGREEMENT

Employment and Qualification Details

To be completed by all students, including General Interest

Office Use 06 Economically Inactive

Employment Information What is your current employment status? Please tick (✓)

E12/13

01	In Secure Employment	<input type="checkbox"/>	02	Full Time Education or Training	<input type="checkbox"/>	03	Self Employed	<input type="checkbox"/>
04	Unemployed	<input type="checkbox"/>	05	Still at School	<input type="checkbox"/>	A2	Threatened with Redundancy	<input type="checkbox"/>

If unemployed How long have you been unemployed? Please tick one.

E14

01	Less than 6 months	<input type="checkbox"/>	02	6-11 months	<input type="checkbox"/>	03	12-23 months	<input type="checkbox"/>
04	24-35 months	<input type="checkbox"/>	05	Over 36 months	<input type="checkbox"/>	06	Retired	<input type="checkbox"/>

If employed Which of the following best describes your employers main business activity? Please tick.

E11

01	Agriculture	<input type="checkbox"/>	07	Health & Education Services	<input type="checkbox"/>	13	Services (Other)	<input type="checkbox"/>
02	Banking & Business Services	<input type="checkbox"/>	08	Manufacturing (Other)	<input type="checkbox"/>	14	Textiles & Clothing	<input type="checkbox"/>
03	Construction	<input type="checkbox"/>	09	Metals & Mineral Products	<input type="checkbox"/>	15	Transport & Communications	<input type="checkbox"/>
04	Distribution, Hotels & Related	<input type="checkbox"/>	10	Mining & Related	<input type="checkbox"/>	16	Utility (Gas, Electricity & Water)	<input type="checkbox"/>
05	Engineering	<input type="checkbox"/>	11	Professional Services	<input type="checkbox"/>	17	Chemicals	<input type="checkbox"/>
06	Food, Drink & Tobacco	<input type="checkbox"/>	12	Public Administration & Defence	<input type="checkbox"/>	97	Other	<input type="checkbox"/>

What is the size and type of your employer? Please tick.

E15

01	Public Sector Organisation	<input type="checkbox"/>	03	Large Organisation (250 or more)	<input type="checkbox"/>			<input type="checkbox"/>
04	Micro SME (1-9 employees)	<input type="checkbox"/>	03	Small SME (10-49 employees)	<input type="checkbox"/>	06	Medium SME (50-249 employees)	<input type="checkbox"/>

Qualification Information

Please can you tell us which School/College/University you last attended. (*delete as appropriate)

*School/College/University: _____

Year left/leaving: _____

If you do not have any qualifications please tick (✓) here

Please tell us about the examinations you have taken. We need to know the exam results of all the subjects taken (eg. GCSE Maths, Grade C, City & Guilds 236 pass/fail). If you took your examinations in another country, please give details of the actual examinations taken and the country.

Subject & Level	Examination Board	Result/Grade	Date Taken	Country if not UK	Office Use (entry codes)	Confirmed by

Level 2/Level 3** Entitlement Declaration

I confirm that the qualification information above is correct and I declare that I do not already have a full Level 2/Level 3** or higher qualification. I confirm that I intend to continue my learning programme to achieve a full Level 2/Level 3** qualification. I understand that if I have declared false information, action may be taken to reclaim the tuition fees and any associated costs from me. (**Delete as appropriate)

Learner Signature: _____

Date: _____

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Course Details (Shaded Area for Office Use Only)

Course Title	Course Code	Learner Start Date	Expected End Date	Total Guided Learning Hours	Actual Tuition Fee	Exam Fee	Tutor Initials for Acceptance onto the course
Totals					£	£	

Course Fees Who is paying your course fees? You Your Employer* Training Provider* School* Other*

*Please invoice my employer/training provider/school.

Please complete the details below and provide a letter confirming that your fees will be met by your employer/training provider/school.

Sponsor Name		Sponsor Code (if known)
Sponsor Address		If the sponsor letter is not available at the time of enrolment then the student will be responsible for their fees.
Sponsor Telephone No.		

Do you have a Greenwich Card? Yes No

If yes, please give the card number: _____ and expiry date: _____

Concessions

Are you (or your partner) receiving any of the following benefits? If so please tick (✓) the appropriate box(es). You will need to provide evidence of these benefits, which must dated within the last 3 months, in order to qualify for fee remission on tuition fees. Those marked* do not qualify for fee remission.

01	Aged 16-18	<input type="checkbox"/>	04	Income Support	<input type="checkbox"/>	04	Council Tax Benefit	<input type="checkbox"/>
04	Housing Benefit	<input type="checkbox"/>	08	Unwaged Dependant of 04, 15 or 21	<input type="checkbox"/>	09	Skills for Life Course (not ESOL)	<input type="checkbox"/>
14	Asylum Seeker	<input type="checkbox"/>	15	Jobseekers Allowance	<input type="checkbox"/>	23	Pensions Guarantee Credit	<input type="checkbox"/>
21	Working Tax Credit	<input type="checkbox"/>	99	None*	<input type="checkbox"/>	99	Senior Citizen's Pension*	<input type="checkbox"/>
22	Level 2 Entitlement (Declaration signed)	<input type="checkbox"/>	24	19-25 Level 3 Entitlement (Declaration signed)	<input type="checkbox"/>			<input type="checkbox"/>

Fee Assessment – For Office Use Only

Copies of supporting documents checked and attached:		Signed: _____ Date: _____	
Total Tuition Fees (b/forward from Course Details)	£		Fee Band
Registration Fee (for students on Qualification Courses)	£		
Creche Fee	£		
Total Examination Fees	£		
Total Fees Due	£		Finance
<i>Less</i> Fee Paid	£		
Amount Outstanding	£		
EBS Ref: <input type="text"/>		Book/Receipt No. <input type="text"/>	

Enrolment taken by: _____ Date: _____ Input by: _____ Date: _____

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Marketing Please help us to monitor our marketing and publicity by indicating how you heard about the College. Please tick (✓)

FF	Friend/Family	<input type="checkbox"/>	OD	Open Day/Evening	<input type="checkbox"/>	NEW	Newspaper/Magazine	<input type="checkbox"/>
BP	Banner/Poster	<input type="checkbox"/>	EMP	Employer	<input type="checkbox"/>	WEB	College Website	<input type="checkbox"/>
SCH	School	<input type="checkbox"/>	LIB	Library	<input type="checkbox"/>	INT	Other Website	<input type="checkbox"/>
CON	Connexions	<input type="checkbox"/>	LF	Leaflets/Flyers/Posters	<input type="checkbox"/>	LD	LearnDirect	<input type="checkbox"/>
HOT	Course Directory (eg. Hotcourses, Floodlight)	<input type="checkbox"/>	STA	College Stand (eg. Careers Fayre, Festival)	<input type="checkbox"/>	CEU	Community Education	<input type="checkbox"/>

Data Protection Statement 2008 / 2009

Data Protection Act 1998 – The information you will provide will be passed to the learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging and training for young people and adults in England, and is registered under the Data protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Children, Schools and Families, the Department for Innovation, Universities and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and the ULN and what they do, may be found at www.lsc.gov.uk/providers/data/help and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you.

- | | | | |
|--------|----------------------|--------------------------|--|
| 1. (3) | Please tick this box | <input type="checkbox"/> | If you do not wish to be contacted about courses or learning opportunities by post. |
| 2. (4) | Please tick this box | <input type="checkbox"/> | If you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. |

Learning Agreement Statement

I agree that the aims of the above learning programme, and the implications of the course(s), including the number of weekly/guided learning hours have been discussed and accepted by me. I agree to attend college regularly and to notify the College of any absences. I agree to complete coursework, homework and examinations as required.

I agree to abide by College rules and to observe the College's code of conduct for students.

I agree to pay any registration/tuition/examination/installment fees on time, and also for any travel, books and special equipment needed. I accept that the registration/examination/enrolment fees can only be refunded if my course is closed by the College.

I agree to notify the College immediately if I have any change in my personal circumstances which may affect the information I have provided for enrolment purposes, including entitlement to benefits or employment status, and also if my parents'/guardians' circumstances change.

I certify that the information I have given on this form is both true and correct.

Learner Signature: _____ Date: _____

Tutor Signature: _____ Tutor Name: _____ Date: _____

POSTAL ENROLMENTS ONLY – DO NOT COMPLETE THIS SECTION IF YOU ARE PAYING AT THE COLLEGE

Payment by Cheque / PO / Switch / Delta / Visa / Access Card No:

Name on Card: _____ Valid From: Expiry Date: Issue No:

Cardholder's Full Name (if different from applicant): _____

Cardholder's Signature (if different from applicant): _____ Date: _____

Cardholder's Address (if different from applicant): _____



This activity has been directly or indirectly part-financed by the European Union through European Social fund-helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.