

Enrolment

Form 2024-25

V2 July 2024

Main course title:

(Please use course label)

 Overseas Learner

Learner reference number:

Please complete all relevant sections of the form in BLOCK CAPITALS & BLACK PEN (tick where appropriate).

Information about you

Title Mr Miss Ms Mrs Other **Surname****Previous Surname(s) (if applicable)****First Name****Middle name**

Date of birth

Age in years on 31.08.2024

Nationality

National Insurance Number

Sex (legal)

 Male Female

Have you legally resided in the UK for the past 3 years?

 Yes No

Are you enrolled on any other training/education or apprenticeships?

 Yes No

If Yes...

Provider name

Start date

End date

Current address

Postcode

Time at this address?

Name preferred on ID card (if applicable)

Home phone number

Mobile number

Email Address

Ethnicity**White**

- British (31)
 Irish (32)
 Gypsy or Irish Traveller (33)
 Other White background (34)

Black/African/Caribbean/Black British

- African (44)
 Caribbean (45)
 Other Black background (46)

Other

- Chinese (42)
 Arab (47)
 Any other (98)
 Not known / Prefer not to say (99)

Asian/Asian British

- Bangladeshi (41)
 Indian (39)
 Pakistani (40)
 Other Asian background (43)

Mixed/Multiple Ethnic Group

- White & Asian (37)
 White & Black African (36)
 White & Black Caribbean (35)
 Other Mixed background (38)

Your programme of learning

List additional course aims within the overall programme that is detailed in the course label. Generally only applies for 19+ learners and their programmes (i.e. not young people's Study Programmes)

Code	Title					Group
Location	Total Planned Hours	Time(s)	Start Date	Expected End	Waiver	Fee

This programme is part of the Sector- based Work Academy Programme (SWAP)

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Criminal Convictions

Yes No Do you have any convictions or cautions that would not currently be filtered by the Disclosure and Barring Service (DBS)? [You do not need to disclose reprimands, final warnings or youth cautions or anything that would be filtered by the DBS]

If Yes, you may be referred for a further discussion with College staff

Disability/Learning Difficulty/Health Problem

This information is requested in order that the College can make reasonable adjustment to meet any needs and to meet legal requirements.

Do you have a disability, learning difficulty or health problem that you consider will impact on your education at the College? Yes No

If Yes, using the list opposite, please write down the codes of the ones that you consider apply to you

Which of these do you consider to be the most significant?

If you have any other medical conditions you want to inform us of, please state these

Have you ever received Special Educational Needs support (SEN)? Yes No

Do you have an Educational Health Care Plan (EHCP)? Yes No

Are you 24 or under and currently in Care or are you a Care Leaver? Yes No

Are you aged under 25 and have caring responsibilities? Yes No

- 4 Visual Impairment
- 5 Hearing Impairment
- 6 Disability Affecting Mobility
- 7 Profound Complex Disabilities
- 8 Social Emotional Difficulties
- 9 Mental Health Difficulty
- 10 Moderate Learning Difficulty
- 11 Severe Learning Difficulty
- 12 Dyslexia
- 13 Dyscalculia
- 14 Autism Spectrum Disorder
- 15 Asperger's Syndrome
- 16 Temporary Disability
- 17 Speech, Language & Communication Needs
- 18 Down Syndrome
- 93 Other Physical Disability
- 94 Other Specific Learning Difficulty (e.g. Dyspraxia)
- 95 Other Medical Condition (e.g. epilepsy, asthma, diabetes)
- 96 Other Learning Difficulty
- 97 Other Disability
- 98 Prefer Not to Say

Your qualifications

I have no qualifications

Confirm your highest GCSE or equivalent grade in English

None achieved

Awaiting results

Confirm your highest GCSE or equivalent grade in maths

None achieved

Awaiting results

Confirm your current qualifications and levels

Qualification Title	Level	Grade	Year of Award

Prior Attainment Level DS Checked

For students under 18 on 31st August 2024 Consent to Share (CtS) Information

The College would like to be able to contact your parent/ guardian/ carer where it is felt that this will support your progress, welfare and attendance, until the end of the academic year in which you attain the age of 18. If you agree to this, please indicate below:

I consent to the sharing of information with my parent/ guardian/ carer

Contact name

Contact phone number

Contact email address

Relationship of that person to you

For all students Emergency Contact Details

Emergency contact details are the same as CtS details - no requirement to complete below

For students under 18 on 31st August 2024, or those older with an EHCP, we will require contact details of a parent, guardian or carer to be used in emergencies, to protect the vital interests of the learner.

For students aged 19 or over, the provision of this information is optional.

Contact name

Contact phone number

Contact email address

Relationship of that person to you

Employment status (including part-time work)

I am in Paid Employment

Please complete the following:

I am:

- Employed Self Employed

Hours worked per week:

- 0 - 10 hours 11-20 hours
 21-30 hours 31 hours +

Length of Employment:

- Up to 3 months 4-6 months
 7-12 months more than 12 months

I am NOT in Paid Employment

Please complete the following:

I am looking and available for work

- Yes No

Length of Unemployment:

- Less than 6 months 6-11 months
 12-23 months 24-25 months
 36 months +

For students 19 or over on 31st August 2024: Funding & Fees

Funding

Benefits

- I am in receipt of Job Seekers Allowance
- I am in receipt of Employment and Support Allowance (All Categories)
- I am in receipt of Universal Credit*
- Other state benefits not listed above*

Office Use

Fee waiver 15

Fee waiver 06

Fee waiver 16

Fee waiver 20

Income/ Earnings

- I am **employed** and earn less than £25,000 annual gross earnings
- I am **employed**, live in the West Midlands Combined Authority (WMCA) area and earn less than £32,000 annual gross salary

Office Use

Fee waiver 18

Fee waiver 18

Other information

- I am released on temporary licence studying outside a prison, and not funded by the Ministry of Justice
- I am **unemployed**, not receiving any benefits, but wish to be employed and the course I am enrolling to is directly relevant to my employment prospects and the local labour needs

Office Use

Fee waiver 17

Fee waiver 21

*my take-home pay (disregarding UC payments and other benefits) is less than £892 a month (learner is sole adult in their benefit claim) or £1437 a month (learner has a joint benefit claim with their partner).

Office Use: details of evidence provided. For earnings concession we must have evidence of the learner's gross annual wages e.g. a wage slip or a UC statement within 3 months of the learner's learning start date, or a current employment contract which states gross monthly/annual wages.

Staff Name and Date Validated

FOR STAFF USE - For Learners aged 19-23

- First Full Level 2
- First Full Level 3

FW02

FW03

Fees

- I am **self funding** my course
- I am funding my course through either an **Advanced Learner Loan or HE Loan**

My Customer Reference Number (CRN) is:

- My **employer** will be paying any fees associated with my course(s) (you must provide authorisation from your employer on headed paper)

Consent to Share

Your employer may wish to be kept informed about your progress, welfare and attendance. If you consent to this please indicate below:

- I consent to the sharing of information with my employer

For Level 4 and above HE (Higher Education) applicants only

How will you be funding your course?

- No award or financial backing (self funded)

- SLC loan- Customer Ref

- Employer

- NHS Bursary

- Other - please state

Term-time accommodation (full-time learners only)

- Parent/guardian home

- Own residence

- Other rented accommodation

- Other

Privacy and your data

The Heart of Worcestershire privacy notices and associated policies, together with the short ESFA ILR privacy notice can be viewed online at www.howcollege.ac.uk/about/legal/policies, and these detail what data we collect, how and why we collect the data, as well as how it is stored, and your rights relating to that data. We can also supply a printed copy and alternative formats upon request; we can also help explain anything you do not understand - please ask a member of staff.

The privacy notice lists organisations with whom we share learner data, including government agencies for whom it is a legal requirement. Links to the key government agencies are listed here:

Education and Skills Funding Agency (all students): www.gov.uk/government/publications/esfa-privacy-notice

The Office for Students (all students studying at level 4 or above): www.officeforstudents.org.uk/ofs-privacy/privacy-notice/

The West Midlands Combined Authority (adult education budget learners): www.wmca.org.uk/policies

Declaration

I (the Student) confirm that the initial assessment and guidance received was appropriate to my needs, and included guidance on :

- the implications of my choice of learning programme
- the entry requirements of the programme of study
- assessment of my suitability for the programme
- any financial and personal support which might be applicable

I understand that my admission and attendance are subject to College regulations, and that the College has a number of policies in place; copies of these policies are available on the College website www.howcollege.ac.uk We can also supply printed copies and alternative formats upon request – please ask a member of staff.

I also agree to abide by the College IT regulations, available on the HOW College website.

I confirm that I have received course related guidance as detailed above.

I understand that all students are expected to attend timetabled sessions and failure to attend could affect, for example, Student Loan, Bursary or Support payments.

If my circumstances change at any point, I understand I must notify the College.

Part of your programme of study, through Heart of Worcestershire College has been directly or indirectly part-financed by the European Social Fund (ESF)

I confirm that the information provided on this form is correct and true to the best of my knowledge, and if appropriate, also confirm that I have read and accept the financial obligations as stated above.

Where my course fees have been waived, I confirm that statements I have made regarding my benefit entitlement and/or income are correct. I acknowledge that inaccuracies may result in my fee remission being revoked.

For Fee paying students (including HE Loans and Advanced Learner Loans)

I confirm that I am aware of and understand the College's fees and charging policy. If full settlement of any fees due is not received in line with our payment terms, the College reserves the right to charge interest on the sum(s) outstanding and will claim any costs of recovery incurred. Refunds, remission or cancellation of fees will only occur in exceptional circumstances. **Should you make the decision to withdraw from your course(s) after the start date, you will normally remain liable for the full fee.**

I understand that if I take out a (Student Finance England) HE Loan or Advanced Learning Loan, start the course, and then withdraw before the agreed end date, the full course fee remains payable, and that I will be liable for settling the outstanding balance in full, including any amounts not covered by Loan payments.

Invoices for fee will only be sent to employers by written agreement between the employer and the college. **Should the employer - or other sponsor - refuse to pay the fees due, then I accept responsibility for payment.**

Student signature



Date

You can agree to be contacted for other purposes by ticking any of the following boxes:

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> For surveys and research. | <input type="checkbox"/> By phone | <input type="checkbox"/> By post. |
| <input type="checkbox"/> About courses or learning opportunities. | <input type="checkbox"/> By email | |

For Staff Use

Fee source: Student Employer

Name of Employer

Amount paid

Invoice

Recurring card payments

Receipt number

(The learner must provide authorisation from employer on headed letter)

For Sector - based Work Academy Programmes (SWAPs), a copy of the Job Centre Plus referral letter has been seen

Proof of identity

- | | | |
|--|---|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> NI card | <input type="checkbox"/> Debit/Credit card |
| <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Benefits documentation | |
| <input type="checkbox"/> Exam' certificate | <input type="checkbox"/> Other | <input type="text"/> |

I confirm that the learning outcomes for the programme of study have been discussed with the student and they meet the student's needs. The student has been informed that College staff are available to give further information, advice and guidance on financial, educational and other support needs. Where the learner is unemployed, there is a record of the relevance of the learning to employment prospects.

Staff signature

Organisation

Date

(if not direct College delivery i.e. Partner)

Enrolment Form 2024/25
Additional information

Please complete the following information relating to your employment or Voluntary role.

Employed	
Company name	
Location	
Work sector	
What is your Job title	
Length of employment	
Zero/temporary/part- or full-time contract	

Voluntary work	
Company name	
Location	
Work sector	
What is your role	
How long have you been volunteering	
How many hours a week do you volunteer	