

**Enrolment Form 2024/25**

 **Section 1 - Your Details**

Title (Mr/Miss/Mrs/Ms) ……. First name: …………………….. Surname: ……………………………………. Address: …………………………………………………………………………………………………..

…………………………………………………………. Postcode:………………………………………………

 Telephone Number: ……………………………….. Mobile: ………………………………………….

 Email Address: …………………………………………... NI Number …………………………………….

Gender: Male [ ]  Female [ ]  Prefer not to say [ ]  Date of Birth: …../……./……..

Have you previously attended any courses at Fircroft College? Yes [ ]  No [ ]

 **In which country have you been resident for the last 3 years?**

[ ]  England

[ ]  Other EU/EEA country – state country………………………………………………………………………

[ ]  Country outside the EU/EEA – state country:………………………………………………………….......

**Please Note:** If you are a resident outside of the EU/EEA – We will need you to complete a form and provide evidence of your residency before you can start your first course at Fircroft.

 **Emergency Contact Name**: ……………………….. **Emergency Contact Number:** ………………………

 **Section 2 - Course Details**

Please tell us which course(s) you would like to apply for below. You can apply for up to **four courses**  at one time but please ensure there is at **least a five day break between courses**.

|  |  |
| --- | --- |
| **Course Title** | **Course period**  |
|  |   |

**Section 3 - Education**

**3.1 Please tell us the highest level qualification you have achieved:**

[ ]  Entry Level [ ]  Level 5 (NVQ/HND)

[ ]  Other qualifications below level 1 [ ]  Level 6 (BA degree/cert/diploma)

[ ]  Level 1 (fewer than 5 GCSE/O level at grades D-G) [ ]  Level 7 and above (Masters etc)

[ ]  Level 2 (5 or more GCSE/O Level at grades A-C) [ ]  Other qualifications not known

[ ]  Level 3 (2 or more A-levels) [ ]  Not known

[ ]  Level 4 (NVQ level 4, Certificate in HE) [ ]  No qualifications

**Section 4 – Employment and Benefit Status**

 **4.1** **Employment - Please tick the relevant category that applies to you:**

[ ] In paid employment [ ] Self- employed

If you are in paid employment or self-employed please let us know what sector you work in i.e. healthcare, housing, education etc:

………………………………………………………………………………………………………………………….

[ ]  Not in paid employment, looking for work and available to start work

[ ]  Not in paid employment, not looking to work and/or not available to start work

 **If not in paid employment, please indicate length of time not in work**:

[ ]  Less than 6 months [ ]  12 - 23 months [ ]  36 months or more

[ ]  6 – 11 months [ ]  24 – 35 months

**4.2 Do you claim any of the following benefits?**

[ ]  Jobseekers Allowance

[ ]  Employment Support Allowance – (work related activity group)

[ ]  Employment Support Allowance – other e.g. support group

[ ]  Universal Credit – Take home pay less than £345 (sole income), £552 (joint benefit claim) per month

[ ]  Other means tested benefit, please specify …………………………………………………………

 (i.e. Universal Credit other, Working Tax Credit, Pension Credit - Guarantee Credit Only, Income Support, Housing Benefit or Council Tax Credit or Unwaged dependent of any above)

**Please Note:** Benefit evidence will be asked for when the College is undertaking regular spot checks.

 **Section 5 – Learning difficulty, disability or health issue**

**5.1 Do you have a learning difficulty, disability or health issue?** Yes [ ]  No [ ]

**5.2 If you have answered yes, please let us know which of the following best describes this:**

❑ Social and emotional difficulties ❑ Severe learning difficulty

❑ Autism spectrum disorder ❑ Temporary disability after illness or accident

❑ Disability affecting mobility ❑ Visual impairment

❑ Dyscalculia ❑ Other learning difficulty

❑ Dyslexia ❑ Other medical condition (e.g. epilepsy, asthma etc)

❑ Hearing impairment ❑ Other physical disability

❑ Mental health difficulty ❑ Other specific learning difficulty (e.g dyspraxia)

❑ Moderate learning difficulty ❑ Speech, language and communication needs

❑ Other disability ❑ Prefer not to say

**5.3** **If you have ticked more than one option in 5.2, please state the one that will impact most on your learning?**

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

**5.4 Do you have any classroom support requirements e.g. large font, colored paper etc.? If yes, please specify below**

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

**A colleague from learning support (if required) will contact you to discuss your support needs.**

**Section 7 – Learner Background**

**7.1 Ethnicity**

**White** **Asian/Asian British**  **Black/Black British**

❑ White British ❑ Bangladeshi ❑ African

❑ Irish ❑ Chinese ❑ Caribbean

❑ Gypsy/Irish Traveler ❑ Indian ❑ Other Black Background

❑ Other White Background ❑ Pakistani

 ❑ Other Asian background

**Mixed/Multiple Ethnic Group** **Other Ethnic Group**

❑ White and Black Caribbean ❑ Arab

❑ White and Black African ❑ Other Ethnicity ……………………

❑ White and Asian

❑ Other Mixed/Multiple Ethnic background

**7.2 Religion**

❑ Buddhist ❑ Jewish ❑ Sikh ❑ No religion

❑ Christian ❑ Muslim ❑ Hindu ❑ Prefer not to say ❑ Other ……………………

**7.3 Criminal Conviction**

Do you have any unspent criminal convictions? Yes ❑ No ❑

 **Please note:** A criminal conviction will not necessarily stop you from attending a course(s) at Fircroft College but Student Services will be in touch to discuss further.

**7.4 How did you hear about Fircroft?**

❑ Prospectus ❑ Friend/Family ❑ Social Media ❑ Website

❑ Referral/recommendation from another organization (please specify) ………………………………… ❑ Other (please specify) ……..…………………….…..

**Section 8 – How we use your information**

The West Midlands Combined Authority (WMCA) is responsible for commissioning and

funding adult education budget provision for learners within the West Midlands. We may use

your personal information in our delivery of this work.

For further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit <https://www.wmca.org.uk/policies>

We collect and process the following information:

Enrolment, achievement and Progression data - this is collected from learning providers following their funding terms and conditions. Learning providers include further education colleges and private training companies where you undertake learning.

Individualised Learner Record (ILR)- information about you and what you are studying is collected by the ILR. See the [ILR privacy](http://assets.ctfassets.net/6h6ixebbpdwm/2e2ZJQbch7wKCX2grjFNmD/bd51733b4729218a0df622ebd557a403/Appendix_F__Version_1__February_2020.pdf) notice for more details.

Learning Records Service (LRS)- information about you is used by ESFA to issue you with a Unique Learner Number (ULN), and to create and keep your Personal Learning Record. See the [LRS privacy notice](https://www.gov.uk/government/publications/lrs-privacy-notices) for more details.

National Careers Service- ESFA encourages participation in further education and learning by providing careers information and advice services. See the [National Careers Service privacy notice](https://nationalcareers.service.gov.uk/help/privacy-and-cookies) for more details.

**Please select from the below if you wish to be contacted about:**

 Courses or learning opportunities.  For surveys and research.

 Volunteering opportunities  Alumni of Fircroft College\*

*\*Alumni are students who have enrolled on any of our courses that wish to stay in touch with the College and share their progress.*

**Please select from the below if you agree to be contacted:**

 By post.  By phone.  By e-mail.

**Section 9 – Declaration**

 I understand that the information I have given will be processed by the College in compliance with the

General Data Protection Regulation and Data Protection Act (2018). I give my consent to Fircroft College to record and process information I have declared.

Student Signed ………………………………………… Date …………......…….........

Partnership Officer Signed ………………………………………… Date …………......…….........