

## Hampshire Achieves - Community Learning Enrolment Form 2020-21

### Learner Details

Miss / Ms / Mrs / Mr / Other...		Surname:	
First Name:			Are you... Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Date of Birth:	If you have changed your name since you were last in education or training, what was your previous surname?		
Home Address:			
Home Postcode:			
If you have changed your address since you were last in education or training, what was your previous postcode?			Have you attended any other course in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Home:	Have you been ordinarily resident in the European Economic Area continuously for at least 3 years at the start of this course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Work:		
	Mobile:		
E-mail address:			

**From the options below, please tick the box you feel best describes your ethnic origin:**

White...	Asian / Asian British...
English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>
Mixed /Multiple ethnic groups...	Black / African/ Caribbean/ Black British...
White and Black Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Any other Black / African / Caribbean background <input type="checkbox"/>
Any other mixed / multiple ethnic background <input type="checkbox"/>	
	Other ethnic group
	Arab <input type="checkbox"/>
	Any other ethnic group <input type="checkbox"/>

I prefer not to say

## Meeting your support requirements

Hampshire County Council is committed to meeting the requirements of people with learning difficulties and disabilities.

**Do you have a disability or learning difficulty that may affect your learning? Yes... No...**  
**Prefer not to say...**

If you are happy to do so, please indicate the nature of your disability or learning difficulty. If more than one condition applies, please indicate all that apply in the left-hand column and your most significant learning difficulty, disability or health problem in the right-hand column

	Tick <b>ALL</b> that apply	Tick the <b>ONE</b> which is most significant
Visual impairment		
Hearing impairment		
Disability affecting mobility		
Profound complex disabilities		
Social and emotional difficulties		
Mental health difficulty		
Moderate learning difficulty		
Severe learning difficulty		
Dyslexia		
Dyscalculia		
Autism spectrum disorder		
Asperger's syndrome		
Temporary disability after illness (e.g. post-viral) or accident		
Other physical disability		
Other specific learning difficulty (e.g. Dyspraxia)		
Other medical condition (for example epilepsy, asthma, diabetes)		
Other learning difficulty		
Other disability		
Prefer not to say		

**Would you like to receive information about the support available? Yes...  No...**

**Would you like to be contacted by a member of staff to discuss your requirements? Yes...  No...**

**Please note that you can make a request for additional support to your tutor or another member of staff at any time during your course.**

### Course/Learning Details

Course Code	Course Title	Venue	Planned Start Date	Planned End Date	Fee Paid (£)
If you are paying a concessionary fee, please indicate the reason and supply supporting evidence:					
Receiving a State Pension	<input type="checkbox"/>	Receiving Universal Credit	<input type="checkbox"/>		
Receiving Income based Job Seekers Allowance	<input type="checkbox"/>	Asylum seeker or their dependant	<input type="checkbox"/>		
Receiving Working Tax Credit Income limit £16,385	<input type="checkbox"/>	Receiving income-related Employment and Support Allowance	<input type="checkbox"/>		
Receiving Income Support	<input type="checkbox"/>	Local provider policy	<input type="checkbox"/>		
Receiving Council Tax or Housing Benefit	<input type="checkbox"/>	Other Please specify	<input type="checkbox"/>		
Earn less than £17,004 annual gross salary	<input type="checkbox"/>				



Education & Skills  
Funding Agency

## Privacy Notice

### How We Use Your Personal Information



This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations.

For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

- About courses or learning opportunities.
- For surveys and research.
- By post.
- By phone.
- By e-mail.

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.gov.uk/government/publications/esfa-privacy-notice>

#### Learner Declaration:

I confirm that the details I have given on this form are true and I have seen the privacy notice above.

Signed:

Date:

<b>This section MUST be completed by the Learning Provider:</b>				
Confirm eligibility:	Thrives <input type="checkbox"/>	Works <input type="checkbox"/>	Learns <input type="checkbox"/>	
Concessionary fee charged	Yes... <input type="checkbox"/>	No... <input type="checkbox"/>		
Receipt No:	Date:			
Fee Concession Evidence	Type:		Seen by:	
Total Fees Paid: £	Cash : <input type="checkbox"/>	Cheque : <input type="checkbox"/>	Debit Card : <input type="checkbox"/>	Credit Card : <input type="checkbox"/>