

## Enrolment

## Form

2023/24

V2 July 2023

## Main course title:

(Please use course label)

If learner is from a managing agent, code should end in M;

If learner is an apprentice, code should end in P

## Learner reference number:

Please complete all relevant sections of the form in BLOCK CAPITALS &amp; 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 31.08.2023

## 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
- 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 2023 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 2023, 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)

Are you self-employed?

☐ Yes ☐ No

Are you in paid employment?

☐ Yes ☐ No

If Yes, how many hours per week do you work?

☐ 0 – 10 hours ☐ 11-20 hours

☐ 21-30 hours ☐ 31+ hours

If No to the previous questions, how long have you been unemployed?

☐ Less than 6 months ☐ 6-11 months ☐ 12-23 months

☐ 24 - 35 months ☐ 36 months +

If No to the previous questions, are you looking and available for work?

☐ Yes ☐ No

For students 19 or over on 31st August 2023: Funding & Fees

Funding

Active benefit

- ☐ I am in receipt of JSA (including NI credits only) and wish to enter work
- ☐ I am in receipt of Employment and Support Allowance (ESA)
- ☐ I am in receipt of Universal Credit on the income outlined\*

If you have ticked to confirm you fall into one of the categories above, you do not need to complete the Other benefits and Other Information sections.

\*This is identified as take home pay (disregarding Universal Credit payments and other benefits) of less £617 (learner is sole adult in their benefit claim) or £988 (learner has a joint benefit claim with their partner).

Office Use

Fee waiver 15

Fee waiver 06

Fee waiver 16

Other benefits

- ☐ I am currently unemployed, actively seeking employment and available to start work
- OR
- ☐ I am employed and on the income outlined \*
- AND
- ☐ I am in receipt of other state benefits (not listed in 'Active Benefits')
  - ☐ I am enrolling on a course that will provide me with the skills and training that will help me secure employment, or progress into more sustainable employment, and is directly relevant to my employment prospects and the local labour market needs

Office Use

Fee waiver 20

Other information

- ☐ I am employed and earn less than £20,319 annual gross salary
- ☐ I am employed, earn less than £30,000 and live in the West Midlands Combined Authority (WMCA) area
- ☐ I cannot afford to pay a co-funded contribution
- ☐ I am released on temporary licence studying outside a prison, and not funded by the Ministry of Justice

Office Use

Fee waiver 18

Fee waiver 17

Office Use: Details of evidence seen

Staff Name and Date Validated

Office Use: Details of WMCA Flexibilities

Age

- ☐ I am aged 19-23
- ☐ I am aged 24+

Prior Attainment

- ☐ I already hold qualifications at Level 3+
- ☐ I have already achieved a qualification funded via the Free Courses for Jobs offer.

Office Use

FW 02 (19-23)

FW 03 (19-23) or 33 (24+)

FW 33 with LDM 382 if 19+ on FCFJ and Unemployed/ Low Wage

## 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

## Household information

(Please tick **all** of the following that apply)

- Option 1. ☐ No member of the household in which I live (including myself) is employed.
- Option 2. ☐ The household that I live in includes only one adult (aged 18 or over)
- Option 3. ☐ There are one or more dependent children (aged 0-17 years or 18-24 years if full-time student or inactive) in the household
- Option 4. ☐ None of these statements apply
- Option 5. ☐ I confirm that I wish to withhold this information

### Office Use:

Response selected	HHS code
Option 1 only	HHS2
Option 2 only	HHS99
Option 3 only	HHS99
Option 4 only	HHS99
Option 5 only	HHS98
Options 1 and 2	HHS2
Options 1 and 3	HHS1
Options 2 and 3	HHS3
Options 1,2 and 3	HHS1 and HHS3

## 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](http://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](http://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/](http://www.officeforstudents.org.uk/ofs-privacy/privacy-notice/)

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