

Please fill in the non-shaded areas in CAPITALS. Please use a separate form for each course & complete both sides. Information will remain confidential & is required by the Skills Funding Agency (SFA) & Young Persons Learning Authority (YPLA)

Course Code	Course Title

FAMILY NAME: TITLE: MALE FEMALE

FIRST NAME: (PREVIOUS FAMILY NAME:)

Date of Birth Please complete the Date of Birth field as this is an SFA/YPLA funding requirement

ADDRESS:

Postcode: How long have you been living at this address? years

Day/Mob Tel No: Home Tel No:

E-mail:

ETHNIC MONITORING DETAILS - I would describe my ethnic origin as:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Mixed - White & Asian | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> White - other White background |
| <input type="checkbox"/> Asian or Asian British - any other Asian background | <input type="checkbox"/> Mixed - White & Black Caribbean | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Mixed - other Mixed background | |
| <input type="checkbox"/> Black or Black British - Caribbean | | |
| <input type="checkbox"/> Black or Black British - any other Black background | | |

Please complete the Ethnic Monitoring field as this is an SFA/YPLA funding requirement

What has been your country of permanent residence for the last 3 years?

Britain (or any EU EEA country) Other If Other, please state the country:

Are you an Asylum Seeker?* Yes No Are you a Refugee?* Yes No *Evidence of status must be seen at time of enrolment

Do you have any disabilities/difficulties that may affect your access, learning or attendance? Yes No

Please tick the relevant boxes below for each enrolment:

Learning Difficulties

- No Learning Difficulty
- Dyslexia
- Dyscalculia
- Autism spectrum disorder
- Other Learning Difficulty (please specify):

Learner Disabilities

- No Learner Disability
- Visual Impairment
- Hearing Impairment
- Mobility Difficulties
- Mental Health Difficulty
- Other medical condition (eg: epilepsy, asthma, diabetes)
- Temporary Disability (eg: post viral, accident)
- Aspergers Syndrome
- Multiple Disabilities
- Emotional / Behavioural Difficulties
- Other Learner Disability (please specify):

If you have indicated a difficulty, a member of the Learning Support Team will contact you to discuss your needs. Please tick here if you DO NOT wish to be contacted or for your information to be shared with relevant staff

Do you need help with any of the following on your course? English Language Literacy Numeracy

Where did you hear about this course (please tick one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Returning Student | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> SCOLA Website |
| <input type="checkbox"/> Other Website | <input type="checkbox"/> Newspaper Ad/Article | <input type="checkbox"/> Poster/Leaflet | <input type="checkbox"/> Hotcourses/Floodlight |
| <input type="checkbox"/> Job/Advice Centre | <input type="checkbox"/> learndirect | <input type="checkbox"/> SCOLA Advice Centre | <input type="checkbox"/> SCOLA Enrol. Centre |

Please read the course information to ensure that the course is suitable for your needs

Please continue overleaf

PAYMENT - CHEQUES SHOULD BE MADE PAYABLE TO "SCOLA"

Please charge my VISA/DEBIT/MASTERCARD with the amount of: £

Card Number

Expiry Date Valid From* * If applicable Issue No.* * If applicable

Security Code Security Code is the last 3 digits on the signature strip of your credit/debit card

Name on Card:

Address: (if different from overleaf) Tel: (if different from overleaf)

Please return your postal application to 'Enrolment 2010/11' at SCOLA, St. Nicholas Way, SM1 1EA

There is **no entitlement to a refund** if you withdraw from a course. See www.scola.ac.uk for refund policy.

Please attach your Learner Support Form if you wish to claim Discretionary Learner Support Funds

FEE LEVEL - Valid evidence of Benefit (dated within last 6 months) is required & must be provided at time of enrolment

- | | | |
|---|---|---|
| <input type="checkbox"/> Standard Fee | <input type="checkbox"/> Pension Guarantee Credit | <input type="checkbox"/> Family Ed |
| <input type="checkbox"/> Council Tax Benefit | <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Employment Support Allowance | <input type="checkbox"/> Skills for Life (inc. LDD) |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Other Means Tested Benefit* | <input type="checkbox"/> Skills for Life (ESOL) |
| <input type="checkbox"/> Job Seeker Allowance | | <input type="checkbox"/> No Fee (Other) |
| <input type="checkbox"/> Unwaged Dependant of benefit recipient (FE courses only) | | <input type="checkbox"/> 16-18 (FE only) -by 31.08.10 |
| | | <input type="checkbox"/> First Full Level 2/3 (FE only) |

*please specify benefit

Employment Status (this is an SFA/YPLA funding requirement) Employed Not Employed Made Redundant

Course information can be obtained from the website or at your Centre Office. Receipts will be available from your Centre Office once the course has begun. N.B The College will contact you if there are any queries with your enrolment. Full information on the Data Protection Act, Fair Practice Notice, Unique Learner Numbers and other College policies can be found at www.scola.ac.uk/college/policy.htm, or at any of our centres. This information should be read before signing this enrolment form.

I confirm that I have read and understand the information as above and agree to abide by the policies of the College. I understand that further information will be provided to me on my induction to the course.

Learner's Signature:..... Date:.....

- Tick this box if you do not wish to be contacted by SFA/YPLA or its partners in respect of surveys, research or courses
- Tick this box if you do not wish your information to be shared with other organisations

Staff Signature:..... Date:.....

OFFICE USE ONLY: Late Start Early Withdrawal Reason

Learner I.D. _____
LS Form Date Rcd _____
on Register on AQUA Staff initials
Total Fee Due £ _____
Actual Fee Paid £ _____
Inv. No.

ENROLMENT METHOD
Post Tel Person
Ack ALS YLP

Large empty box for receipt details.

PAYMENT METHOD
 Cash/Cheque
 Credit/Debit Card
 Invoice LSF Funds
Type of evidence:
(valid and dated within last 6 months)
Evidence No: _____
Staff Initials: _____ Date: _____