

Please complete both sides of the form in full in CAPITAL LETTERS. Specify your choices by ticking the relevant boxes

Personal Details

Please answer all the questions in this section. This is a requirement of the government body that funds Further Education.

Title	Full First Name(s)	Surname
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Date of Birth	day	month	year	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	N.I Number
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Permanent Home Address Post Code Email	Local Address (If different from home) Post Code
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Telephone (including STD code)	Day	Evening	Mobile
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Emergency Contact Name	Tel No.
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Nationality	Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of normal residence	Do you have a learning difficulty? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes to either, please state the nature here
	<input type="text"/>
	Do you require additional support as a result of the above Y/N

Have you been legally resident in the UK/EU for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, state country of residence
	<input type="text"/>

Ethnic Origin

- | | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|
| 11 <input type="checkbox"/> Asian or Asian British - Bangladeshi | 16 <input type="checkbox"/> Black or Black British - Caribbean | 22 <input type="checkbox"/> Any other Mixed background |
| 12 <input type="checkbox"/> Asian or Asian British - Indian | 17 <input type="checkbox"/> Any other Black background | 23 <input type="checkbox"/> White - British |
| 13 <input type="checkbox"/> Asian or Asian British - Pakistani | 18 <input type="checkbox"/> Chinese | 24 <input type="checkbox"/> White - Irish |
| 14 <input type="checkbox"/> Asian or Asian British - any other Asian background | 19 <input type="checkbox"/> Mixed - White and Asian | 25 <input type="checkbox"/> Any other White background |
| 15 <input type="checkbox"/> Black or Black British - African | 20 <input type="checkbox"/> Mixed - White and Black African | 98 <input type="checkbox"/> Any other |
| | 21 <input type="checkbox"/> Mixed - White and Black Caribbean | 99 <input type="checkbox"/> Not Provided |

Previous Qualification Details

What qualifications have you achieved to date?

Qualification	Number taken and grades (eg 2xC)	OFFICE USE ONLY
GCSE/O level		PRIOR ATTAINMENT LEVEL
GCE AS level		
GCE A level		
Other Specify including level		
None		

Course Details

Parent Course & Personal Tutor (FT Students only)

Course Title (indicate level if relevant eg NVQ Level 1,2, AS etc.)	Course Code	Full Fee	Start Date	Expected End Date	Site	Day / Time	Study group	Tick if Resit

Total of fees £

Employment Details

Is the course relevant to your employment Yes (If Yes please complete section (a)) No

(a) Employed Learners – to be completed by employed/self-employed learners

Is your employer giving you time off to do the course Yes No

Name & Address of Employer Post Code	Contact Name Contact Tel No.
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(b) Learners not Employed. Would you describe yourself as:

Not Employed (through redundancy) Yes No
 Not Employed (for reasons other than redundancy) Yes No

Payment Details

Who is paying your Course Fees?

Self

Local Education Authority

Self (but claiming back from Employer (evidence required))

Employer (please provide letter or complete details below)

Staff Development

Company Name of Sponsor/ Managing Agent

If your employer/sponsor has agreed to pay your course fees, **you must provide a letter of authority on Company headed paper** with this enrolment form **and ask your Sponsor/Managing Agent to sign the agreement below**. Employers/Sponsors should note that fees cannot be refunded if the student leaves your employ.

We (Sponsor/Agent) agree to pay for the course(s) detailed overleaf and related costs.

Authorised Signature of Sponsor/ Managing Agent

Name (please print)

Position in Company

Tel No.

Fee Reduction – Please see guidance notes in the brochure

If you are in receipt of any of the following benefits, you may be eligible for a reduction in fees. Please tick the appropriate box(es) and **provide appropriate evidence**.

I (the student) am in receipt of the following benefit(s) and undertake to notify the College of any change in my circumstances during the period of the course.

- Means-tested state benefit, i.e. Jobseekers Allowance; Income Support; Housing/Council Tax; Pension Guarantee Credit; WorkingTax Credit (where the award notice states a household income of less than £15,276 – as at April 2010)
- Asylum seeker receiving the equivalent of a means-tested state benefit
- I am the unwaged dependant of a person in receipt of a means-tested benefit

Methods of Payment

Cash Cheque (payable to SDC) Credit/Debit Card Card Issue No Card Start Date /

Card Number

Cardholder's Name (as it appears on card and Signature) Card Amount £ Expiry Date /

For Office use only

Fees		Fee Waivers	
Tuition Fees Due		<input type="checkbox"/> 16-18 years old (YPLA/SFA funded courses)	
Exam/Reg Fees Due		<input type="checkbox"/> Skills for Life	<input type="checkbox"/> Adult Level 2
Other (please state)		<input type="checkbox"/> TUC	<input type="checkbox"/> Adult Level 3
Total Fees Due		<input type="checkbox"/> Other, please state	
Total Fees Enclosed		<input type="checkbox"/> Benefits (state evidence seen and Reference No where given)	
Balance Outstanding		<hr/> Assessed by (Signature): _____ Date _____	
Verification of ID - i.e.ULN ID (state evidence seen)			

Data Protection Act 1998 – Sussex Downs College, the Young People's Learning Agency for England (YPLA) and the Skills Funding Agency are registered under the Data Protection Act 1998. The information you provide on this form will be passed to the Agencies. Both Sussex Downs College and the Agencies will collect and share this information with other organisations for the purpose of administration, the provision of career and other guidance, statistical and research purposes, relating to education and training. This will enable Sussex Downs College, the Agencies and its partners to monitor performance, improve quality and plan future provision. The Skills Funding Agency processes learner data on behalf of the YPLA. The Skills Funding Agency also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN).

The data you supply will be passed to Managing Information Across Partners (MIAP) service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The Personal Learning Record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose.

For further details of how your data is shared and used by MIAP and how to change who has access to your record, please see the MIAP website at www.miap.gov.uk. Please tick if you wish to opt out of this service

Would you like to open a Skills Account, giving you access to free Careers Advice? Yes/No (delete as appropriate)

Further details can be found by telephoning the Careers Advice Service on 0800-100-900, or by logging on to <https://skillsaccounts.direct.gov.uk/>

Please tick the relevant box if you prefer to be excluded from mailings designed to provide learner feedback:

- Marketing material (e.g. brochure) from Sussex Downs College?
- Contact by the Agencies or its partners in respect of surveys and research?
- Contact by the Agencies or its partners about courses or learning opportunities relevant to you?

Student's Learning Agreement

I have received appropriate guidance regarding my study programme. This may have been from reading the prospectus. I am advised that this programme meets my needs and that I satisfy any entry requirements. I am also aware that additional support may be available should I require it. I agree to comply with the College regulations, including the Code of Conduct and those regarding use of College IT Facilities, and to pay fees as appropriate. I agree to SDC processing personal data contained in this form, or other data which SDC may obtain from me or other people. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason. I have completed and read the details on this form and agree that they are correct.

Student Signature Date	Staff Signature Print Name Date Ext No.
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