

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						
Date of Birth	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">day</td> <td style="width:33%;">month</td> <td style="width:33%;">year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	day	month	year				Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> N.I Number <input style="width: 100px;" type="text"/>
day	month	year						
Permanent Home Address		Local Address (If different from home)						
Post Code		Post Code						
Email								
Telephone (including STD code)	Day	Evening						
		Mobile						
Emergency Contact Name		Tel No.						

Country of normal residence Have you been legally resident in the UK/EU for the past 3 years? Yes No

Do you have a Disability/Learning Difficulty? Yes No If Yes please state nature

Do you require additional support as a result of the above? Yes No

Do you have a Student Visa? Yes No

Ethnic Origin

- | | | |
|---|--|--|
| 31 <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | 37 <input type="checkbox"/> White and Asian | 44 <input type="checkbox"/> African |
| 32 <input type="checkbox"/> Irish | 38 <input type="checkbox"/> Any other Mixed/multiple ethnic background | 45 <input type="checkbox"/> Caribbean |
| 33 <input type="checkbox"/> Gypsy or Irish Traveller | 39 <input type="checkbox"/> Indian | 46 <input type="checkbox"/> Any other Black/African/Caribbean background |
| 34 <input type="checkbox"/> Any other White background | 40 <input type="checkbox"/> Pakistani | 47 <input type="checkbox"/> Arab |
| 35 <input type="checkbox"/> White and Black Caribbean | 41 <input type="checkbox"/> Bangladeshi | 98 <input type="checkbox"/> Any other ethnic group |
| 36 <input type="checkbox"/> White and Black African | 42 <input type="checkbox"/> Chinese | 99 <input type="checkbox"/> Not provided |
| | 43 <input type="checkbox"/> Any other Asian background | |

Previous Qualification Details

What qualifications have you achieved to date?

Qualification	Number taken and grades (eg 2xC)	PRIOR ATTAINMENT LEVEL
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 Code	Course Title (indicate level if relevant eg NVQ Level 1,2, AS etc.)	Start Date	Expected End Date	Day / Time	Group	GLH	Fees at SDC	Full Fee
Total fees								£

For Learners 19 or over on 31st August 2011

Which of the options in the list below will accurately reflect your employment status on the first day of your course at SDC? Please tick one:

Employed:

- 06 full time
07 part time

Other:

- 17 Economically inactive
98 Not known/not provided

Unemployed:

- 08 through redundancy and in receipt of JSA
09 through redundancy and in receipt of ESA (WRAG)
10 through redundancy and not in receipt of active benefits (JSA or ESA (WRAG))
11 for reasons other than redundancy and in receipt of JSA
12 for reasons other than redundancy and in receipt of ESA (WRAG)
13 for reasons other than redundancy and not in receipt of active benefits (JSA or ESA (WRAG))
14 reason not known/not provided and in receipt of JSA
15 reason not known/not provided and in receipt of ESA (WRAG)
16 reason not known/not provided and not in receipt of active benefits (JSA or ESA (WRAG))

Payment Details

Who is paying your Course Fees?

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

- Staff Development (SDC only)
- Employer (please provide letter of agreement to pay and complete details below)

Company Name of Sponsor/ Managing Agent

Address

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, providing a purchase order number**

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

Position in Company

Name (please print)

Tel No.

Purchase Order No.

Methods of Payment

- Cash
- Cheque (payable to SDC)
- Credit/Debit Card

Card Issue No

Card Start Date /

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's Name
(as it appears on card and
Signature of Cardholder)

Card Amount £

Expiry Date /

Fee Reduction – Please see guidance notes in the brochure and provide evidence below or contact Student Services for guidance

Fees	Fee Waivers
Tuition Fees Due	<input type="checkbox"/> 16-18 years old (YPLA/SFA funded courses) <input type="checkbox"/> Skills for Life <input type="checkbox"/> Adult Level 2 <input type="checkbox"/> Adult Level 3 <input type="checkbox"/> TUC <input type="checkbox"/> JSA/ESA(WRAG)state evidence seen and confirm NI Number is provided overleaf <input type="checkbox"/> Other, please state _____ Assessed by (Signature): _____ Date _____
Exam/Reg Fees Due	
Other (state type) e.g Books, Materials, Clothing etc	
Total Fees Due	
Total Fees Enclosed	
Balance Outstanding	
Verification of ID - i.e.ULN ID (state evidence seen)	

Privacy Notice 2011/12

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Young People’s Learning Agency for England (“the YPLA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number(ULN). The information you provide may be shared with other partner organisations for purposes relating to education and training.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice

Please tick if you wish to opt out of this service

Would you like to register for “My Next Step” giving you access to free Careers Advice? Yes/No (delete as appropriate)

Further details can be found by telephoning 0800 100 900 or by logging on to www.direct.gov.uk/nextstep

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?

Please tick the relevant box if you **do not** wish to be contacted by that method for the purpose of surveys, research and learning opportunities:

Post Telephone email (tick all that apply)

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
 Sussex Downs College (SDC) is registered as a Data Controller with the UK Information Commissioner’s Office under the Data Protection Act 1998. I have read and understood the conditions set out by the Privacy Notice above and consent to the processing of my personal data for those purposes.

Student Signature
Date

Staff Signature
Print Name
Date
Ext No.