

Please complete all 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 bodies that funds Further Education.

Title:	Full First Name(s): <small>(This should be your legal name)</small>	Surname:
Preferred Name:	Previous Surname (if applicable)	

Date of Birth	<input type="text" value="day"/>   <input type="text" value="month"/>   <input type="text" value="year"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	N.I Number	<input type="text"/>
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Permanent Home Address
Post Code

Local Address (If different from home)
Post Code

Telephone (including STD code) Day	Evening
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Moblie (please note this number will be used for text alerts)
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Email
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Emergency Contact Name	Tel No.
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Nationality	<input type="text"/>
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Have you been legally resident in the UK/EU for the past 3 years?  
Yes  No

Country of normal residence	<input type="text"/>
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If not, state country of residence

Do you have a Student Visa? Yes  No

Visa Expiry date \_\_\_\_\_

Do you have the right to study in the UK? Yes  No

For Non EU/UK passports please attach copies of valid pages showing ID and right to study and right to work in the UK/EU.

Verification of ID – please record evidence seen.
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**Ethnic Origin**

- 31  White and English/Welsh/Scottish/  
Northern Irish/British
- 32  Irish
- 33  Gypsy or Irish Traveller
- 34  Any other White background
- 35  White and Black Caribbean
- 36  White and Black African

- 37  White and Asian
- 38  Any other Mixed/multiple ethnic  
background
- 39  Indian
- 40  Pakistani
- 41  Bangladeshi
- 42  Chinese
- 43  Any other Asian background

- 44  African
- 45  Caribbean
- 46  Any other Black/African/Caribbean  
background
- 47  Arab
- 98  Any other ethnic group
- 99  Not provided

Do you have a learning difficulty, disability or health problem? Yes  No

Please tick all reasons, in the list below, that apply to you and you wish to record:

- |  |  |
|--|--|
| <input type="checkbox"/> Visual Impairment                 | <input type="checkbox"/> Autism Spectrum Disorder  |
| <input type="checkbox"/> Hearing Impairment                | <input type="checkbox"/> Asperger's Syndrome   |
| <input type="checkbox"/> Disability Affecting Mobility     | <input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident |
| <input type="checkbox"/> Profound Complex Difficulties     | <input type="checkbox"/> Other Physical Disability   |
| <input type="checkbox"/> Social and Emotional Difficulties | <input type="checkbox"/> Other Specific Learning Difficulty (e.g. Dyspraxia)                     |
| <input type="checkbox"/> Mental Health Difficulties        | <input type="checkbox"/> Other Medical Condition (e.g. epilepsy, asthma, diabetes)               |
| <input type="checkbox"/> Moderate Learning Difficulty      | <input type="checkbox"/> Other Learning Difficulty   |
| <input type="checkbox"/> Severe Learning Difficulty        | <input type="checkbox"/> Other Disability  |
| <input type="checkbox"/> Dyslexia                          | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Dyscalculia                       |  |

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

From the list above, please state the nature of the <b>PRIMARY</b> reason (i.e. the most significant that will impact on your learning)
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## Household situation at the start of your course

Please tick which of the following statements apply (one or more may apply):

- No member of the household in which I live (including myself) is employed
- The household that I live in includes only one adult (aged 18 or over)
- There are one or more dependent children (aged 0–17 years or 18–24 years if full time student or inactive) in the household
- None of these statements apply

Or

- I confirm that I wish to withhold this information

by signing this form on page 4, the student named confirms that the information provided here is correct

## Previous Qualification Details

What qualifications have you achieved to date?

Qualification	Number taken and grades (eg 2xC)	PRIOR ATTAINMENT LEVEL
GCSE/O level		
GCE AS level		
GCE A level		
Other please specify including level		
None		

## Learner's Employment Status (please complete the following)

Which of the options in the list below will accurately reflect your employment status prior to enrolment at SDC?

- 10 - in paid employment – if so, are you self employed
- And for either is your work
- less than 16 hours a week
- 16–19 hours a week
- more than 20 hours a week
- 11 - not in paid employment, looking for work and available to start work
- 12 - not in paid employment, not looking for work and/or not available to start work

If (11) you are not in paid employment, looking for work and available to start work – how long have you been unemployed for?

- 1 - less than 6 months
- 2 - 6–11 months
- 3 - 12–23 months
- 4 - 24–35 months
- 5 - 36 months or over

Have you been in full time education or training just prior to enrolling? Yes  No

## Course Details

OFFICE USE ONLY  
for applicable students please add Tutor Name \_\_\_\_\_

Course Code	Course Title: (indicate level if relevant e.g. BTEC Level 1, 2, AS etc.)	Start Date	Expected End Date	Day/Time	Group	Hours	Funding Adjusted for Prior Learning	Full Fee
<b>Total fees</b>								<b>£</b>

## Course Details for Work Based Learning only (i.e. courses delivered in your place of work)

Course Code	Course Title: (indicate level if relevant e.g. BTEC Level 1, 2, AS etc.)	Start Date	Expected End Date	Delivery Location Post Code	Funding Adjusted for Prior Learning	Full Fee
<b>Total fees</b>						<b>£</b>

## Payment Details

Students aged 19 and over at the start of their programme are expected to contribute towards their tuition and exam fees, this may include students progressing to a new course. All students may be liable to pay for materials, visits, etc., if this is a requirement of their Course. Depending on personal circumstances, some students may be eligible for a fee waiver or assistance with the Course Costs; please contact Student Services for details. Current Course Costs and Fees are shown on the College Website.

The College Policy for Payment of Course Costs is that the full sum is expected to be paid at the time of enrolment. If you have made an application for funding, e.g. a Student Loan or other support, you must make an initial payment on enrolment of 40% (which will be refunded if a full award is made). You must inform the College within three weeks of the start date of your Course if you do not intend to continue studying or if your circumstances change otherwise you could be liable for the full cost of the course.

Failure to pay the agreed tuition fee or to pay according to agreed arrangements may result in suspension or removal from the Course. The College will take all reasonable steps to advise and support students in financial difficulty. Any student in financial difficulty should seek advice from Student Services, at the earliest opportunity.

### Who is paying your Course Fees?

Self  Staff Development (SDC only)

Employer to be invoiced

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 or ask your Employer to sign the agreement below and provide a purchase order number. Employers should note that fees cannot be refunded if the student leaves your employ.

## Employer Details (only required if contributing to the cost of your course)

Company Name & Address of Employer
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Invoice Address (if different)
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## Employer Declaration

I confirm that, to the best of my knowledge, the information on this form is correct. If the named learner is employed by me, I declare that they have a contract of employment. If the named learner is a volunteer within my organisation, they are unpaid. **We agree to pay for the course(s) detailed and related costs.**

Authorised Signature of Employer

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Name (please print)

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Position in Company

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Tel No.

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Purchase Order no.

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<b>Employer Contribution</b>	£	:
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Please note that payment is due within 30 days of receipt of invoice

## Student Payment

Cash  Cheque (payable to SDC)  Invoice  Student Loan  Credit/Debit Card  Please complete the details below:

Card Start Date	<input type="text" value="/"/>	Expiry Date	<input type="text" value="/"/>
Card Number	<input type="text"/>	Issue No.	<input type="text"/>
Cardholder's Name (as it appears on card and Signature of Cardholder)	<input type="text"/>	Card Amount	£ <input type="text"/>

**Fee Reduction – Please see guidance notes in the brochure and contact Student Services for assessment of eligibility**

Assessed Fee breakdown	Fee Waivers – Attach appropriate Self Declaration form available from Student Services
Tuition Fees	<input type="checkbox"/> Adult Level 2 <input type="checkbox"/> Adult Level 3 <input type="checkbox"/> GCSE Maths or English <input type="checkbox"/> JSA <input type="checkbox"/> ESA(WRAG) <input type="checkbox"/> Universal Credit (mandated) <input type="checkbox"/> Other eligible state benefit other than JSA, ESA(WRAG), Universal Credit <input type="checkbox"/> Other, please state reason and must be countersigned by a Faculty Director  <input type="checkbox"/> 16–18 years old (EFA Funded courses) <input type="checkbox"/> Paid  <b>Other method of Funding:</b> <input type="checkbox"/> Co-Funded Cap <input type="checkbox"/> Advance Learner Loan Applied for <div style="text-align: right;">Loan Application ID _____</div>
Exam/Registration Fees	
Materials	
Uniform	
Educational Visits	
<b>Total Fees Due</b>	
<b>Total Fees Enclosed</b>	
<b>Balance Outstanding</b>	
Donation £50	

**Privacy Notice 2016/2017 How We Use Your Personal Information**

The personal information you provide is passed to the Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information is used for the exercise of functions of these government departments and to meet 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). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>

Personal Learning Record (PLR) - The information you supply will be used by the Skills Funding Agency, an Executive Agency of the Department for Business, Innovation and Skills, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further information about how your information is processed and shared can be found at: <https://www.gov.uk/government/publications/lrs-privacy-notice>

Please tick if you wish to opt out of this service

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training.

**You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:**

- Marketing material (e.g. brochure) from Sussex Downs College?
- For surveys and research?
- About courses or learning opportunities relevant to you?

Please tick the relevant box if you **do not** wish to be contacted by that method:

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 confirm that I am aware of the college policy on Fees and Charges relating to courses, information about which is on the college website and available from Student Services on request. 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.

'I confirm that all of the personal information on this form is correct and I declare that I have correctly identified my prior qualifications. I have a contract of employment (where applicable) and I fulfil the residency regulations for the Skills Funding Agency in England. I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided.'

Student Signature
Date

Staff Signature	
Print Name	
Date	Ext No.



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