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|--------------------------------------|---------------|----------------------|-----------------------|---|
| Office use only | Student ID No | <input type="text"/> | Unique Learner Number | <input type="text"/> |
| Identification verified and checked: | Type | <input type="text"/> | Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| | | | Initials | <input type="text"/> |

1. Your Contract Status *(for cancellations rights purposes)*

Please tick which applies to you:-
 I am a **"CONSUMER"** – (taking a hobby or training course NOT related to my work).
 I am a **"TRADER"** – (taking a course(s) relating to my current job) **The contract value is under £42.00**

Please see Cancellation Rights and our Cancellation Policy at the end of this document. Trader and Consumer are legal definitions relating to cancellation rights.

1.1 Personal Details *(Please provide your Legally Registered details)*

| | | | |
|--|--|--|---|
| Title (e.g. Ms/Mrs/Miss/Mr) | <input type="text"/> | | |
| First Name | <input type="text"/> | Middle Name | <input type="text"/> |
| Surname (Family Name) | <input type="text"/> | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birth | <input type="text"/> | Age on 31/08/2019 | <input type="text"/> |
| Current Address | <input type="text"/> | | |
| Postcode | <input type="text"/> | Duration at Current Address | <input type="text"/> Years <input type="text"/> Months |
| Telephone Home | <input type="text"/> | Mobile | <input type="text"/> |
| Personal Email Address | <input type="text"/> | | |
| Have you ever studied at Brooksby Melton College before? | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, which year did you start your studies? | <input type="text"/> |

1.2. Emergency Contact Details *(if you are under 18, please provide parent/carer details) - please tell them you are providing us with this optional information*

| | | | | | |
|------|----------------------|-----------------|----------------------|--------------|----------------------|
| Name | <input type="text"/> | Relation to you | <input type="text"/> | Phone Number | <input type="text"/> |
| Name | <input type="text"/> | Relation to you | <input type="text"/> | Phone Number | <input type="text"/> |

2. Dietary Requirements

Please state any dietary requirements you require

3.Criminal Convictions

Do you have any unspent criminal convictions? No Yes If yes, please state:

4. Ethnicity *How would you best describe yourself*

| | | |
|---|--|--|
| <input type="checkbox"/> 31 English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> 37 White and Asian | <input type="checkbox"/> 43 Any Other Asian Background |
| <input type="checkbox"/> 32 Irish | <input type="checkbox"/> 38 Any Other Mixed / multiple ethnic background | <input type="checkbox"/> 44 African |
| <input type="checkbox"/> 33 Gypsy or Irish Traveller | <input type="checkbox"/> 39 Indian | <input type="checkbox"/> 45 Caribbean |
| <input type="checkbox"/> 34 Any Other White Background | <input type="checkbox"/> 40 Pakistani | <input type="checkbox"/> 46 Any Other Black/African/Caribbean Background |
| <input type="checkbox"/> 35 White and Black Caribbean | <input type="checkbox"/> 41 Bangladeshi | <input type="checkbox"/> 47 Arab |
| <input type="checkbox"/> 36 White and Black African | <input type="checkbox"/> 42 Chinese | <input type="checkbox"/> 98 Any Other Ethnic Group |

5. Learning Difficulties, Disabilities and Health Problems

In order that Brooksby Melton College can provide appropriate support for you, please tell us about any particular learning difficulty, disability or health problem you may have.

Any information you provide will be shared with the appropriate people in the College who can offer you suitable support throughout your studies.

- Do you consider yourself to have a learning difficulty, disability or health problem? Yes No
- Do you consider that you may need additional support whilst attending the College? Yes No
- I have had special arrangements for exams before Yes
- I have had learning support before Yes

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> 04 Visual impairment | <input type="checkbox"/> 05 Hearing impairment |
| <input type="checkbox"/> 06 Disability affecting mobility | <input type="checkbox"/> 07 Profound complex disabilities |
| <input type="checkbox"/> 08 Social and emotional difficulties | <input type="checkbox"/> 09 Mental health difficulty |
| <input type="checkbox"/> 10 Moderate learning difficulty | <input type="checkbox"/> 11 Severe learning difficulty |
| <input type="checkbox"/> 12 Dyslexia | <input type="checkbox"/> 13 Dyscalculia |
| <input type="checkbox"/> 14 Autism spectrum disorder | <input type="checkbox"/> 15 Asperger's syndrome |
| <input type="checkbox"/> 16 Temporary disability after illness (e.g. post-viral) or accident | <input type="checkbox"/> 17 Speech, Language and Communication Needs |
| <input type="checkbox"/> 93 Other physical disability | <input type="checkbox"/> 94 Other specific learning difficulty (e.g. Dyspraxia) |
| <input type="checkbox"/> 95 Other medical condition (e.g. epilepsy, asthma, diabetes) | <input type="checkbox"/> 97 Other disability |
| <input type="checkbox"/> 96 Other learning difficulty | |

Please indicate the number of your main Disability or Health Problem

6. Qualifications already held

Please indicate the **highest** level of qualification when you first enrolled at this College. If there has been a break in learning please indicate current level.

- | | |
|--|--|
| <input type="checkbox"/> 09 Entry level (Essential Skills, entry level literacy or numeracy) | <input type="checkbox"/> 10 Level 4 (HNC/D, AAT4, NVQ4) |
| <input type="checkbox"/> 07 Other qualification below level 1 | <input type="checkbox"/> 11 Level 5 (Foundation/First Degree (non-hons), HND) |
| <input type="checkbox"/> 01 Full level 1 (NVQ1, CLAIT, Foundation level) | <input type="checkbox"/> 12 Level 6 (First Degree (hons)) |
| <input type="checkbox"/> 02 Full level 2 (5 GCSEs grade A*-C or 9-4, NVQ2, IBT2, ECDL) | <input type="checkbox"/> 13 Level 7 and above (Masters/Doctorate Degree, PGCE) |
| <input type="checkbox"/> 03 Full level 3 (NVQ3, AVCEs, 4 AS levels, 2 A levels) | <input type="checkbox"/> 99 No qualifications |

7. Employment Status What will your employment status be prior to your enrolment?

Were you in full time education or training prior to enrolment? Yes No

Employed - In paid employment - if so, please indicate hours below

- 0-10 hours per week
- 11-20 hours per week
- 21-30 hours or more per week
- 31+ hours or more per week
- Self employed

How long have you been employed?

- Up to 3 months 4 - 6 months
- 7 - 12 months More than 12 months

Not Employed

- Not in paid employment, looking for work and available to start work
- Not in paid employment, not looking for work and/or not available to start work

How long have you been unemployed?

- Less than 6 months 6 - 11 months 12 - 23 months
- 24 - 35 months 36 months or more

8. Your Choice of Course(s)

| Course Title | Course Code (office use only) | Start Date | Planned End Date | Tuition Hrs | Total Cost |
|--------------|----------------------------------|------------|---------------------|----------------|------------|
| | | | | | |
| | | | | | |
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Delivery Site

Total Fees

9. Payment

You can pay by credit/debit card over the phone or enclose a crossed cheque made payable to Brooksby Melton College.

I am paying for this course myself

My EMPLOYER has agreed to pay, and a cheque/Purchase Order is attached

Employer Details:

Contact Name Company

Address

Postcode Telephone No. Purchase Order No

Email

Fees/Finance Use Only

Payment By

| | | | | | | | | | | | | | | | | | |
|----------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|------|--------------------------|--------|--------------------------|-------------------|--------------------------|---------|--------------------------|--------------|----------------------|
| Amount Paid: £ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ▪ | <input type="text"/> | <input type="text"/> | Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Credit/Debit Card | <input type="checkbox"/> | Invoice | <input type="checkbox"/> | Received by: | <input type="text"/> |
| Amount Paid: £ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ▪ | <input type="text"/> | <input type="text"/> | Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Credit/Debit Card | <input type="checkbox"/> | Invoice | <input type="checkbox"/> | Received by: | <input type="text"/> |
| Amount Paid: £ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ▪ | <input type="text"/> | <input type="text"/> | Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Credit/Debit Card | <input type="checkbox"/> | Invoice | <input type="checkbox"/> | Received by: | <input type="text"/> |
| Amount Paid: £ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ▪ | <input type="text"/> | <input type="text"/> | Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> | Credit/Debit Card | <input type="checkbox"/> | Invoice | <input type="checkbox"/> | Received by: | <input type="text"/> |

10. Privacy Notice

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

Tick this box if you **agree** to be contacted in respect of surveys and research.

Tick this box if you **agree** to be contacted about courses or other learning opportunities.

Your agreed contact method - *tick all that apply* Post Telephone Email

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

Personal Learning Record (PLR)

The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>

College Student Privacy Statement

A copy of the full notice is available to view at enrolment and can be accessed at any time on the College Website: <https://www.brooksbymelton.ac.uk/policies-and-procedures/>

Statutory Cancellation Rights (The Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013)

Traders are not provided with additional statutory cancellation rights.

Contracts valued under £42.00 do not attract additional statutory cancellation rights.

Consumers are provided with additional cancellation rights in the form of a **14 day cancellation period**. This period starts from:-

- a) The date that your training confirmation is issued will be the commencement of the 14 day cancellation period, but only where no training materials are to be provided by the college as a part of that course.
- b) Where training materials are issued by the college, your 14 day cancellation period starts from that point. That will usually be day one of the course. You will be asked for your specific consent to provide our services by signing a "request to start work" form.

You should refer to the full terms and conditions of the contract outlined in the training confirmation or the copy issued with this enrolment form. This will detail your full cancellation rights including an outline of any amounts repayable to you in the event that you withdraw with the 14 day cancellation period having signed that form i.e. that you may have a reduction in your refund.

Cancellation Policy

N.B. This cancellation policy does not supersede your statutory cancellation rights.

If you wish to cancel or transfer a booking for a short course, written confirmation must be received by Brooksby Melton College's, Short course department a minimum of 15 days before the commencement of the course. If a written cancellation or transfer request is received 14 days or less before the commencement of the course, any fees paid in advance will not be refundable, and you will still be liable for any fees invoiced. You would then be required to pay any replacement course fee in full.

The College retains the right to amend or cancel any course and you will be notified 14 days prior to the course planned start date if a cancellation occurs. In that case, and in the event that a mutually acceptable replacement course cannot be arranged, a full refund of the course fees will be issued.

| | | | | | |
|-------------------|----------------------|------------|----------------------|------|----------------------|
| Student Signature | <input type="text"/> | Print Name | <input type="text"/> | Date | <input type="text"/> |
| College Signature | <input type="text"/> | Print Name | <input type="text"/> | Date | <input type="text"/> |

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|------------------------|-----|------------------|----------------------|------|----------------------|-------|------------|----------------------|------|----------------------|
| Office Use Only | ILR | Entered onto EBS | <input type="text"/> | Date | <input type="text"/> | Exams | Registered | <input type="text"/> | Date | <input type="text"/> |
|------------------------|-----|------------------|----------------------|------|----------------------|-------|------------|----------------------|------|----------------------|