


CONFIDENTIALITY – WHY DO WE ASK SO MANY QUESTIONS?

HF ALSS gathers a lot of information about you when you join us and in class. We use this in the form of anonymous statistics to get to know our student body and plan our services. We take great care of your personal information and it will not be shared without your permission.

If you need help with this form please ask at reception



Please complete all sections shaded in blue using BLOCK CAPITALS in black ink. If the course requires an interview  the form must be signed by the interviewer before we can enrol you.

PERSONAL DETAILS

Note: the name you give on this form will appear on any exam certificate issued through HF ALSS

Mr Ms Miss Mrs Other (please state)

First name

Family (Last) name

Your permanent UK address

Postcode

Country of Domicile

(The Country where you have been ordinarily resident for the three years preceding the start of your programme of study)

Date of birth

dd / mm / yy

Male

Female

(You must provide your date of birth to be enrolled on a course)

Phone number

Mobile number

PERSONAL DETAILS (CONTINUED)

Email address

Emergency contact details

Name

Phone number

Relationship to student

Unique Learner Number (if known)

EMPLOYMENT DETAILS

What was your employment status on the last working day before you started this course?

Please tick any of the following that apply to you

- | | |
|--|--|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Employed part time |
| <input type="checkbox"/> Registered unemployed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Voluntary/unpaid worker |

STATUS

I have been resident in the UK or other EU country for at least **three years**

Please tick if you are here for any of the following reasons:

- | | |
|---|--|
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Asylum seeker |
| <input type="checkbox"/> Exceptional/Indefinite leave to enter/remain | <input type="checkbox"/> Right of abode |
| <input type="checkbox"/> Student Visa | <input type="checkbox"/> Visitors/Working Visa |

Other (Please specify)

Will your employer pay your fees? Yes No

If Yes, then you must provide documentary evidence when you enrol, such as, a letter from your employer.

We may contact your employer about training opportunities but will not identify you in any way if we do.

QUALIFICATIONS

Please tick your highest qualification

- Degree (Level 4 or above)
- A Level (Level 3 or above)
- GCSE (Level 2 or above)

If this enrolment is for a full Level 2* course is this your first full Level 2?

*the equivalent of a full Level 2: 5 GCSEs at grade A-C

Yes No

If this enrolment is for a full Level 3** course is this your first full Level 3?

**the equivalent of a full Level 3: 2 or more A-level passes, BTEC, ONC/OND, GNVQ Advanced, NVQ3.

Yes No

ETHNIC MONITORING

Please tick the box appropriate to you

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

DISABILITY OR LEARNING DIFFICULTY

We provide support to students with a disability or learning difficulty, such as dyslexia, mental health or mobility difficulty or those who are deaf / hard of hearing or blind / partially sighted.

Do you have a disability?

Yes No

If yes, please tick below any which apply to you

- | | |
|--|--|
| <input type="checkbox"/> (01) visual impairment | <input type="checkbox"/> (09) profound complex disabilities |
| <input type="checkbox"/> (02) hearing impairment | <input type="checkbox"/> (10) aspergers syndrome |
| <input type="checkbox"/> (03) disability affecting mobility | <input type="checkbox"/> (90) multiple disabilities |
| <input type="checkbox"/> (04) other physical disability | <input type="checkbox"/> (97) other |
| <input type="checkbox"/> (05) other medical condition | <input type="checkbox"/> (98) no disability |
| <input type="checkbox"/> (06) emotional/behavioural difficulties | <input type="checkbox"/> (99) not known/information not provided |
| <input type="checkbox"/> (07) mental health difficulty | <input type="checkbox"/> wheelchair user |
| <input type="checkbox"/> (08) temporary disability after illness | |

Do you have a learning difficulty?

Yes No

- | | |
|--|--|
| <input type="checkbox"/> (01) moderate learning difficulty | <input type="checkbox"/> (20) autism spectrum disorder |
| <input type="checkbox"/> (02) severe learning difficulty | <input type="checkbox"/> (90) multiple learning difficulties |
| <input type="checkbox"/> (10) dyslexia | <input type="checkbox"/> (97) other |
| <input type="checkbox"/> (11) dyscalculia | <input type="checkbox"/> (98) no learning difficulty |
| <input type="checkbox"/> (19) other specific learning difficulty | <input type="checkbox"/> (99) not known/information not provided |

If you have a disability but do not require any assistance please tick this box

You can contact the learning support team, in confidence, on 020 8600 9195 or email sean.buckley@lbhf.gov.uk

ENROLMENT DETAILS

Please give details of the course(s) you wish to attend:

Course no. (as in prospectus)	Course title	Start date	Day	Time	Tutor signature (if interview required)	Fee

Receipt Number **TOTAL FEE** £

FOR OFFICE USE ONLY – NOTES:

Enrolment signature Date

Eligible for LSC funding Proof recorded on EBS

Proof copied and retained on file with this enrolment

Quality Check:
Performed by Date

OTHER INFORMATION

Please tell us how you heard about us

- | | |
|---|--|
| <input type="checkbox"/> HF ALSS website | <input type="checkbox"/> Community or business partner |
| <input type="checkbox"/> I am a member of staff | <input type="checkbox"/> HF ALSS student |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Hotcourses |
| <input type="checkbox"/> Library | <input type="checkbox"/> Advert |

OTHER INFORMATION (CONTINUED)

Please tell us how you heard about us

- Job centre
- Website (which one?)
- Other (please give details)

Where did you get your copy of the prospectus?

- From HF ALSS
- Library
- Through my letter box
- Friend or family member
- Did not get one
- Other (please give details)

Do you require child care?

- Yes No

If yes, see the prospectus for details and complete the separate crèche application form

FEE ASSESSMENT (FOR OFFICE USE ONLY)

- (01) fees waived – 16–18 year old learner
- (04) fees waived – in receipt of an income-based state benefit (not covered by any other code relating to income based State benefit, e.g. code 14 or 15)
- (08) fees waived – unwaged dependent of any people in codes 04, 14, 15, 21 or 23
- (09) fees waived – undertaking programmes where the main learning aim is Skills for Life, excl ESOL
- (10) fees waived – for another reason consistent with HF ALSS policy
- (13) fees waived – other funding
- (14) fees waived – asylum seeker eligible for learner responsive funding and in receipt of the equivalent of an income-based state benefit
- (15) fees waived – in receipt of jobseekers allowance
- (19) fee is zero
- (20) fees waived – LSC funded project where the LSC has agreed that the learner is eligible for full funding
- (21) fees waived – in receipt of working tax credit
- (22) fees waived – level 2 entitlement
- (23) fees waived – in receipt of pensions guarantee credit

FEE ASSESSMENT (FOR OFFICE USE ONLY) (CONTINUED)

- (24) fees waived – 19–25 level 3 entitlement
- (25) fees waived – Category D offender Learner
- (26) fees waived – Offender serving their sentence in the community
- (28) fees waived – Fully funded employer responsive provision
- (99) fees paid in full

Please note – applicants receiving benefit must show proof of their benefit status at the time of enrolment. **Proof must be current (no more than three months before the date of enrolment).** Students under 19 and over 60 must present proof of age.

PAYMENT METHOD

- I am paying by** Cash Cheque
- Credit/Debit Card Company invoice

Cheques must be made payable to London Borough of Hammersmith & Fulham. Please write your name and address on the back. We do not accept cash with postal applications.

For postal enrolments paying with a card – we will call you for your card details so please ensure you give us a telephone number on the front of this form or we will return it to you by post.

STUDENT LEARNING AGREEMENT

You must sign so we can process the application.

I declare that:

- I have received sufficient information and guidance about the course I am going to do and believe it is at the right level for me
- I know how I can get more help and advice on a crèche place if I need it
- I know the cost of the course and the policy on refunds and transfers
- I know that HF ALSS can close the course or combine it with another
- I will inform HF ALSS of any changes that might affect my right to a concessionary fee
- The information I have given is true and accurate

STUDENT LEARNING AGREEMENT (CONTINUED)

- I agree to abide by the terms of the student charter (available from centres and on our website hfals.co.uk)
- I understand that the information I have given is held by HF ALSS in its original, electronic and other formats and that it will be used by HF ALSS staff for enrolment and reporting purposes.

Applicant signature

Date

dd / mm / yy

DATA PROTECTION STATEMENT 2009/2010

Information that you provide on this form will be passed to the Learning and Skills Council (LSC) which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but also allows them to share information with other organisations for administration, careers and other guidance, statistical and research purposes. This will enable the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research.

Hammersmith and Fulham Adult Learning and Skills Service may need to contact you from time to time to remind you about the start dates of course you are enrolled on or to inform you about cancelled or closed courses.

Please tick here if you do not wish to be contacted about this by SMS text messaging or email.

LEARNER SUPPORT FUND

This fund is a discretionary scheme funded by the Adult Learning and Skills Service and the Learning and Skills Council to assist learners who may be experiencing difficulties in paying for course fees, essential equipment/materials or other necessary related expenses.

The fund is open to all learners who are in receipt of an income related benefit or those learners who are on a low income.

The fund is limited and priority will be given to new learners, those on accredited courses and those who live and/or work in Hammersmith and Fulham. Further information and application forms are available from receptions.