

FOR OFFICE USE ONLY

Student ID No.

Employer/Sponsor

Learning Agreement

2008 - 2009

On completion of this form should be signed on the final page and returned to the Enrolments Office.

City of Bath College, Avon Street, Bath, BAI 1UP

Full terms and conditions of your enrolment are available from the College upon request.

Please complete in **BLOCK CAPITALS** in black ink. Data on this form will be stored on a computer. Information from this form will be sent to the DfES, LSC and other government bodies.

PART ONE

Have you enrolled on any courses at City of Bath College before? (tick box) Yes No

1. Personal Details

Mr
 Mrs
 Miss
 Ms
 Other
 Gender (tick box)
 Male
 Female

Surname

Forename(s)

Date of Birth

 Age on 31st Aug 2008

(e.g. 31/01/82) Day Month Year

Home/Permanent Address Postcode <input style="width: 100%;" type="text"/>	Term-time Address (if different) Postcode <input style="width: 100%;" type="text"/>
Home Tel no. <input style="width: 100%;" type="text"/>	Mobile Tel no. <input style="width: 100%;" type="text"/>
Work Tel no. <input style="width: 100%;" type="text"/>	E-mail address <input style="width: 100%;" type="text"/>
Emergency Contact Name <input style="width: 100%;" type="text"/>	Emergency Contact Tel no. <input style="width: 100%;" type="text"/>

2. Nationality

What is your nationality?

Have you been a resident in the EU for the last 3 years? (please tick one)

Yes
 No - if no please complete (a)

(a) What was your date of entry into the EU

3. Ethnic Origin

Please tick one of the boxes below to describe you ethnic origin

Asian/Asian British	Black/Black British	Mixed	White
<input type="checkbox"/> 11 Bangladeshi	<input type="checkbox"/> 15 African	<input type="checkbox"/> 19 White and Asian	<input type="checkbox"/> 23 British <input type="checkbox"/> 18 Chinese
<input type="checkbox"/> 12 Indian	<input type="checkbox"/> 16 Caribbean	<input type="checkbox"/> 20 White and black African	<input type="checkbox"/> 24 Irish <input type="checkbox"/> 98 Other
<input type="checkbox"/> 13 Pakistani	<input type="checkbox"/> 17 Any other black background	<input type="checkbox"/> 21 White and black Caribbean	<input type="checkbox"/> 25 Other white background
<input type="checkbox"/> 14 Other Asian background		<input type="checkbox"/> 22 Other mixed background	

4. How did you find out about the Course/College

- 1 Prospectus 4 Direct from College 5 Careers Advisor 6 Employer
7 Friend or relative 8 Open Day 9 Internet 12 British Council
RS Returning Student 99 Other (please specify)

5. Additional Support

(Please tick any of the boxes which are relevant. A member of the Learning Skills Team will contact you to discuss your support needs)

Do you consider yourself to have a learning disability

Yes No

- 01 Visual impairment
02 Hearing impairment
03 Disability affecting mobility
04 Other physical disability
06 Emotional/Behavioural difficulties
07 Mental Health difficulty
08 Temporary disability after illness (e.g post-viral) or accident
09 Profound complex disabilities
10 Aspergers Syndrome
05 Other medical condition (e.g epilepsy, asthma, diabetes, please state)

Do you consider yourself to have a learning difficulty?

Yes No

- 01 Moderate learning difficulty
02 Severe learning difficulty
10 Dyslexia
11 Dyscalculia
20 Autism Spectrum Disorder
19 Other specific learning difficulty (please state below)

6. Previous Education /Qualifications

Please tick the box showing your highest qualification:

- 01 Level 1 (e.g. NVQ Level 1) 02 Level 2 (e.g. GCSE) 03 Level 3 (e.g. A Level)
04 Level 4 (e.g. First Degree) 05 Level 5 (e.g. Postgraduate) 07 Other – below Level 1
09 Entry Level 98 Not known 99 No qualifications

Did you receive additional support at school? Yes No

If you have been in full-time education in the last three years please give the name of the school or college:

I give permission for the school named above to forward to City of Bath College, records of my education to date

7. Employment

Are you? (please tick one box)

- Employed (please go to section A) Self Employed (please go to section A) In full time Education (please go to section 2)
 Unemployed (please go to section B) Retired (please go to section B) Still at School (please go to section 2)

Section A

1. Are you? please tick one box

- In secure employment
 Threatened with redundancy

2. Type of employer please tick one box

- Public sector Large Organisation (250+)
 Small medium (1-249 employees)

3. In which employment sector are you currently working? please tick one box

- Agriculture Bank and Business Construction Distribution and Hotels
 Engineering Food Drink & Tobacco Manufacturing (other) Metals & Minerals
 Mining & related Professional Services Public Admin & Defence Services (other)
 Textiles & Clothing Transport & Comms Chemicals Utilities (gas, water, elec)
 Other Not known

Section B

If you are unemployed/retired, how long have you been unemployed/retired?

- Less than 6 months 6-11 months 12-23 months 24-35 months
 Over 36 months Unknown

Data Protection Act 1998

The College abides by the Data Protection Act 1998. The personal information you have provided will be processed by the College for the purposes of providing educational and related services. The information may be disclosed to specific third parties, such as Learning Skills Council and examination boards if relevant.

The College's Data Protection Policy can be found at www.citybathcoll.ac.uk/privacy. Please note that parents have no automatic right to information about their sons/daughters but it may, in certain circumstances, be beneficial for the College to liaise

with parents, provided the student is given the opportunity to object to a disclosure being made.

If you disclose a learning disability, the information will be used for the purpose of determining what adjustments, if any, are reasonable to ensure you are not put at substantial disadvantage. The information will be disclosed only to those staff that need to know in order to implement such reasonable adjustments.

Student Declaration

I declare to the best of my knowledge that the information I have given is correct and that should my circumstances change I will inform the College immediately.

- I agree to abide by the terms and conditions of the College as set out in the College Prospectus 2008/09.
- I confirm that I have received guidance and assessment in relation to choice and suitability of the programme of study, entry requirements and support available. I am aware that I am entitled to further impartial guidance about my choice of programme of study from the College.

Data Protection Act 1998

I understand that City of Bath College will need to process personal information about applicants/students in order to make admissions decisions and to provide education and training in accordance with the details set out above.

I confirm that all the information on this form is correct and 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.

Signature of Student : Date:

The LSC or its partners may wish to contact you from time to time about courses or learning opportunities relevant to you.

- Please tick if you do not wish the LSC to contact you for surveys and research
- Please tick if you do not wish the LSC to contact you about courses or learning opportunities

FOR COLLEGE STAFF ONLY

Name of Lecturer initiating enrolment

Signature of Lecturer Date

Name of data inputter Date

Enrolment check

Declaration of Previous Qualifications

C01

Please complete this form if you **DO NOT** have one of the following qualifications:

If planning to study a Level 2 qualification:

- 5 GCSEs at grade A* - C
- O level passes
- CSEs grade 1
- 2 AS levels
- NVQ 2
- Intermediate GNVQ or higher
- Edexcel/BTEC 1st Diploma or higher
- City and Guilds part 2

If planning to study a Level 3 qualification:

- 2 A levels or more
- NVQ 3
- NVQ 4
- GNVQ Advanced
- Edexcel National Diploma or higher
- Access to Higher Education course
- HND/HND
- First degree/Higher degree

(Plus qualifications listed in the right hand column)

I can confirm that all the information given on the Learning Agreement that I have completed is correct and I declare that I do not already have a **full level 2/3*** qualification. If I have declared false information the College may take action against me to reclaim the tuition fees and any support costs provided.

* delete as appropriate

Signed

Date

Name

For office use only

Signature on behalf of the College

College stamp