

# Enrolment Form

city college

brighton and hove

The names you enter below will appear on any examination certificate you may receive.

Person Code:

|                 |   |
|-----------------|---|
| Surname         |   |
| Forename        |   |
| Date of Birth   | Title <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr   Other _____  |
| Current Address | Emergency Contact Name  |
| Postcode:       | Emergency Contact Address   |
| Email           | Postcode  |
| Home Tel        | Emergency Contact Tel   |
| Mobile Tel      | Are you or have you ever lived in care or been looked after?<br><small>(This means you have had or are currently receiving support from a social worker or have been subject to a Special Guardian order)</small> |
| Nationality     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

Have you lived outside the European Union in the last 3 years (excluding holidays of less than 3 months)?     Yes     No

If so, please give details of countries and dates:

| Country | From  | To    |
|---------|-------|-------|
| _____   | _____ | _____ |
| _____   | _____ | _____ |

In the college we support many students who need additional support for difficulties with reading or writing, or with a learning difficulty or a disability.

Do you have a learning difficulty or disability?     Yes     No    Do you think you may need additional support?     Yes     No

In the event of an emergency, would you need assistance evacuating the building?     Yes     No

Do you believe you will need one to one assistance on your course (eg. or a physical disability, visual/hearing impairment)?     Yes     No

Please indicate the nature of your disability, learning difficulty, or health problem and indicate which is the one you believe could most impact your learning.

|                                   |   |                                    |   |                                    |   |
|-----------------------------------|---|------------------------------------|---|------------------------------------|---|
| Visual impairment                 | Primary   | Dyslexia                           | Primary   | Other physical disability          | Primary   |
| Hearing impairment                | <input type="checkbox"/> <input type="checkbox"/> | Dyscalculia                        | <input type="checkbox"/> <input type="checkbox"/> | Other specific learning difficulty | <input type="checkbox"/> <input type="checkbox"/> |
| Disability affecting mobility     | <input type="checkbox"/> <input type="checkbox"/> | Autism spectrum disorder           | <input type="checkbox"/> <input type="checkbox"/> | (eg. Dyspraxia)                    | <input type="checkbox"/> <input type="checkbox"/> |
| Profound complex disabilities     | <input type="checkbox"/> <input type="checkbox"/> | Asperger's syndrome                | <input type="checkbox"/> <input type="checkbox"/> | Other medical condition            | <input type="checkbox"/> <input type="checkbox"/> |
| Social and emotional difficulties | <input type="checkbox"/> <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> <input type="checkbox"/> | (eg. Epilepsy, Asthma, Diabetes)   | <input type="checkbox"/> <input type="checkbox"/> |
| Mental health difficulty          | <input type="checkbox"/> <input type="checkbox"/> | (eg. post-viral or post-accident)  | <input type="checkbox"/> <input type="checkbox"/> | Other learning difficulty          | <input type="checkbox"/> <input type="checkbox"/> |
| Moderate learning difficulty      | <input type="checkbox"/> <input type="checkbox"/> | Speech, language, and              | <input type="checkbox"/> <input type="checkbox"/> | Other disability                   | <input type="checkbox"/> <input type="checkbox"/> |
| Severe learning difficulty        | <input type="checkbox"/> <input type="checkbox"/> | communication needs                | <input type="checkbox"/> <input type="checkbox"/> | Prefer not to say                  | <input type="checkbox"/> <input type="checkbox"/> |

Highest level of qualification or education

- Entry  
 Level 1 (Fewer than 5 GCSEs A-C)  
 Level 2 (5 GCSEs A-C)  
 Level 3 (NVQ3, 2 A Levels)  
 Level 4 (Certificate of Higher Education, NVQ4)  
 Level 5 (Foundation Degree)
- Level 6 (Bachelor Degree, Graduate Certificate and Diploma)  
 Level 7+ (Masters, PhD, Postgraduate Certificate and Diploma)  
 No Qualifications
- GCSE English Grade .....  
 GCSE Maths Grade .....

Are you currently employed?  Yes  No  Self-employed

I declare that I want to enter employment and I believe that this course will help me do so

I earn less than £330 a month

I am in receipt of the following benefit:  
(Receipt of benefit does not guarantee fee remission)

National Insurance Number:

Per week, I work:

- Fewer than 16 hours  
 16-19 hours  
 More than 20 hours

If unemployed, I have been out of work for:

- Fewer than 6 months  
 6 to 11 months  
 12 to 23 months  
 24 to 35 months  
 More than 36 months

I have been informed of the availability of the Advanced Learner Loan  Yes  No

Please indicate your ethnicity below

**White**

- 31: English/Welsh/Scottish/Northern Irish/British  
 32: Irish  
 33: Gypsy or Irish Traveller  
 34: Any other white background

**Mixed or multiple ethnic group**

- 35: White and Black Caribbean  
 36: White and Black African  
 37: White and Asian  
 38: Any other mixed or multiple ethnic background  
 98: Any other ethnic group

**Asian/Asian British**

- 39: Indian  
 40: Pakistani  
 41: Bangladeshi  
 42: Chinese  
 43: Any other Asian background

**Black/African/Caribbean/Black British**

- 44: African  
 45: Caribbean  
 46: Any other Black/African/Caribbean background  
 47: Arab

Please indicate your gender below

- Female  
 Male  
 Transgender  
 Prefer not to say  
 Other  
 Not Known

Please indicate your household situation

- No household member is in employment and the household includes one or more dependent children.  
 No household member is in employment and the household does not include any dependent children.  
 Learner lives in a single adult household with dependent children  
 Prefer not to say  
 None of these statements apply

Please indicate your religion or belief system below

- Buddhist
- Christian (including Church of England)
- Hindu
- Jewish
- Sikh
- Muslim
- Unknown
- No religious belief
- Prefer not to say
- Other

Please indicate your sexual orientation below

- Heterosexual/straight
- Gay man
- Gay woman/lesbian
- Bisexual
- Prefer not to say
- Other

Do you have any relevant\* spent\*\* or unspent criminal convictions, any outstanding court proceedings, or are you on any offenders register?

- Yes  No

\*Relevant convictions means convictions for offences:

- Against the person, whether of a violent or sexual nature
- Involving the unlawful supply or use of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking
- Arson

\*\*If you are applying for a course in health, social work, sport, childcare or involving work with children or vulnerable adults previous criminal convictions may affect your ability to attend work placements and possibly achieve your course. If you declare that you have a conviction, you will be asked to complete a separate information sheet. This is to help us assess any potential risks to yourself or others in the College. Having a criminal record will not necessarily prevent you from studying at College but will depend on the nature of the course and the circumstances and background of the offence. If you do not disclose a relevant conviction then this could result in disciplinary action by the College.

1. I confirm that the information given on this form is correct.
2. I agree to wear my student ID badge so it is clearly visible at all times whilst on College property, and I understand that I may be refused entry without it.
3. I understand that College fees are due in full as soon as I enrol or can be subject to a payment plan. Should I not start the course or withdraw within the first 2 weeks of the start date I am entitled to a refund less a £30 administration charge, beyond 2 weeks I am liable for full payment whether I complete the course or not.
4. I agree to attend regularly and understand that the College may withdraw me from my course for non-attendance or unacceptable behaviour. If I am withdrawn, I will still be liable for the full fees due, will not qualify for a refund or fee reduction and may be asked to repay any Financial Assistance received.
5. If I fail to pay all my fees in a timely manner the College will refer my debt to a collection agency and I will be liable for any additional costs incurred by this action.
6. If I apply for a Student or Advanced Learner Loan and the College does not receive payment from the loan company, I will be liable to pay any unpaid fees.
7. I understand that my fee status must be assessed each year, and that I must enrol every year for each course.
8. I confirm that I have received information, advice and guidance in relation to my programme of study, including the availability of an Advanced Learning Loan.
9. I confirm that the primary learning goal details attached have been agreed. The course tutor will review this agreement with me, particularly if a change occurs to the learning programme.
10. I agree to register for any examinations or assessments relevant to this learning agreement at the appropriate time.
11. The College will aim to make reasonable adjustments to the College environment and provision for learners with disabilities and learning difficulties. If you wish to discuss any disability or the support you may need, please contact Additional Learning Support, tel: 01273 232583 or email: learningsupport@ccb.ac.uk.
12. If the required course/programme cannot be delivered I will be offered an alternative or a full refund.
13. In signing below I am agreeing to behave in accordance with the College's Code of Conduct as published in the Student Handbook. If I break this agreement, I understand that I may be subject to disciplinary action. Full versions of the Code of Conduct are also available on the college intranet or from course tutors.
14. The College operates published policies, procedures and guidelines on its various functions including Financial Assistance, Fee Payment, Admissions and Absence. By enrolling at the College I agree to be governed in accordance with the published policies, procedures and guidelines as they relate to my year of academic study.
15. CCBH has a Code of Practice on the use of computer systems. I agree to CCBH viewing computer records including email that I generate on the College's equipment.
16. In signing below I am agreeing that I have read, understood and give consent for the sharing of information concerning Data Protection on the back of this form and that I have been given the option to opt out.
17. CCTV cameras operate in the College for the protection of people and property (information is available from the Head of Estates and IT).
18. This activity has been directly or indirectly part financed by the European Social Fund.

Learner Signature \_\_\_\_\_

Date: DD / MM / YY

Staff Signature \_\_\_\_\_

Date: DD / MM / YY

## Data Protection

Please ensure you read the statement below from the College. The College collects information about all its staff and learners for various administrative, academic and health and safety reasons. Because of the Data Protection Act 1998, we need your consent before we can do this.

## Privacy Notice 2016/2017

### How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (the Skills Funding Agency) and the Department for Business, Innovation and Skills (BIS). 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.

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

- About courses or learning opportunities
- For surveys and research
- By post
- By phone
- By e-mail

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>



**European Union**

European  
Social Fund

This activity has been directly or indirectly part financed by the European Union through European Social Fund - helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources

### For completion by lecturer

|              |  |
|--------------|--|
| Course code  |  |
| Course title |  |

Total course fees

£

Please ensure that the learner has completed name of Employer/ Managing Agent, if applicable

Department/Centre: .....

Lecturer Name (please print): .....

Contact number: .....

Signature: ..... (Lecturer)

Date: DD / MM / YY

### For office use

Type of nationality proof seen

Passport number (if applicable)

Date seen DD / MM / YY

Benefit evidence seen

Date of document DD / MM / YY

Date seen DD / MM / YY

Fee assessed as  Home  International

Staff signature: .....

Conditional  Unconditional  Evidence seen

Signature: .....

Date: DD / MM / YY