

Adult learning and skills service

COURSE NAME/TITLE

Course code

Student no. (if known)


Day

Date

Cost

National insurance no.

When you have completed this form please email to: **hfdd@lbhf.gov.uk**

 Please complete all fields

Are you a new learner?

No Yes

PERSONAL DETAILS

Mr Ms Miss Mrs Other

Family (last) name

First name

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

Date of birth Male Female

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

Phone number

Mobile number

Email address

Your home address

Country where you have lived for the last 3 years:

EMPLOYER DETAILS

Name

Address

Line manager's signature/approval

Cost centre (if appropriate)

Cost centre

Acct code.....

If the invoice is to go to a different address to the one above, please provide that address

EMPLOYMENT DETAILS

Please tick any of the following that apply to you:

Employed less than 16 hours per week

Employed 20 hours or more per week

Unemployed – looking for work

Employed 16-19 hours per week

Not employed – not looking for work or retired

If you are unemployed, length of unemployment:

Less than 6 months

Between 6 and 11 months

Between 12 and 23 months

Between 24 and 35 months

36 months or more

CONCESSIONARY ENTITLEMENT

Your benefit status:

ETHNIC MONITORING

Please tick the box appropriate to you:

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed/multiple ethnic group

- White and Black Caribbean
- Black or British – African
- White and Asian
- Any other Asian background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Back/African/Caribbean background

Other

- Arab
- Any other ethnic group

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STATUS

Please tick one box:

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

DATA PROTECTION

We pass your information to the Skills Funding Agency (SFA) who fund adult learning. The SFA is registered under the data protection act and will not pass your information to sales organisations.

Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

DISABILITY OR LEARNING DIFFICULTY

We endeavour to provide support to students with any disability or learning difficulty. Please contact us if you require assistance.

- Do you have a disability? Yes No
Do you have a learning difficulty? Yes No

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 the cost of the course and the policy on refunds and transfers
- The information I have given is true and accurate
- 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 TDU staff for enrolment and reporting purposes.

Applicant signature

Date

CANCELLATION POLICY

- We will confirm your booking within 14 days prior to the course start date.
- If you are unable to attend, another person **may** be substituted.
- Notification of any cancellation must be received in writing at least 15 working days before the start of the course, otherwise full fees remain payable.

WHY DO WE ASK SO MANY QUESTIONS?

The Skills Funding Agency funds our courses, and condition of this funding is to supply learner data that demonstrates that we are using the money correctly. We also need to know who our learners are so we can plan our programme to suit the needs of everyone.