

# FULL TIME 16-18 YEARS

Please complete all the **WHITE** sections of this form in **CAPITAL LETTERS**, using a ball-point pen. Shaded areas to be filled in by College Staff.

Subcontractor:	Enrolment No:
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**1** Are you currently a full time student at any other organisation? YES  NO

**2**

Family name: ..... First name: .....

Title (Mr/Mrs/Miss/Ms): ..... Gender: M  F

Date of birth: .....

**3** Please indicate your ethnic origin:

**WHITE** - English/Welsh/Scottish/Northern Irish/British  31 Irish  32 Gypsy or Irish traveller  33  
 Any other White background  34 **MIXED/MULTIPLE ETHNIC GROUP** - White and Black Caribbean  35  
 White and Black African  36 White and Asian  37 Other mixed/multiple ethnic background  38  
**ASIAN/ASIAN BRITISH** - Indian  39 Pakistani  40 Bangladeshi  41 Chinese  42 Any other Asian background  43  
**BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH** - African  44 Caribbean  45  
 Any other Black/African/Caribbean background  46 **OTHER ETHNIC GROUP** - Arab  47 Any other Ethnic group  98

**4** Do you have any unspent criminal convictions? YES  NO  (If YES, please refer to Welfare Team)

**5**

Address: ..... Postcode: .....

Tel No: ..... Mobile No: .....

Email: .....

**Parent/Carer:**

Name: .....

Address: ..... Postcode: .....

Mobile No: ..... Tel No: .....

Parent/Carer email: .....

**6** Emergency contact in case of accident or illness (if different from parent/carer):

Name: ..... Tel no: .....

Relationship to student: .....

**7**

**Home country:** ..... **Nationality:** .....

I am lawfully and normally resident in the UK/EEA/EU and have been for the last 3 years:

YES  Please move to section 8. NO  Please complete the remainder of this section.  
(Passports and immigration documents may be requested.)

Home Country (Permanent Residence): .....

Are you an asylum seeker? YES  NO

Are you a refugee? YES  NO

Are you in the UK/EEA/EU on a Work Visa? YES  NO

Do you have UK/EEA/EU Residency Status? YES  NO

How long have you lived in the UK/EEA? ..... years  
(If less than 3 years enrolment status must be validated)

Enrolment Status must be validated by Student Services or by a Subcontractor following discussions with Welfare Team:

'Home' Status  or Overseas Status

Reason/Evidence Seen: .....

Validated By: Print Name: .....

(Subcontractor Organisations - please give the name of Welfare Team staff member who has given validation)

Signature: .....

To be signed by member of staff completing this section.

**8**

**Do you have any Learning Difficulty, Disability or Health problem?** YES  NO

If yes, please tick appropriate box(es) and circle the one that you consider to be your main problem.

Visual impairment 04 Hearing impairment 05 Limited mobility 06 Profound/complex disabilities 07

Social/emotional difficulties 08 Mental health difficulties 09 Moderate learning difficulty 10 Severe learning difficulty 11

Dyslexia 12 Dyscalculia 13 Autism Spectrum Disorder 14 Asperger's Syndrome 15

Temporary disability after illness/accident 16 Other physical disability 93 Other specific learning difficulty 94

Other medical condition 95 Other learning difficulties 96 Other disabilities 97

**9**

Do you need any support for your Disability, Health Problem or Learning Difficulty? YES  NO

(If YES, please contact the College Learning Support Team during enrolment)

**Do you have either of the following?** Learning Difficulty Assessment (139A)  Education Health Care Plan (EHCP)

**10**

Are you living in care or classed as a care leaver? YES  NO

**11**

Name of last School or College: .....

**12**

**Please tick highest qualification (If you have no qualifications, please tick None):**

Entry Level 1 09 Below Level 1 07 Level 1 01 Full Level 2 i.e. 5 GCSE Grade C+/NVQ 2 02

Full Level 3 i.e. 2 A-Levels/NVQ 3 03 Level 4 e.g. Degree/HND 10 Level 5 e.g. Masters Degree/Post Grad. Diploma 11

Level 6 12 Level 7 or above 13 None 99

**13**

Tick this box if you want to be contacted in respect to surveys and research

Tick this box if you want to be contacted via phone  post  email

Tick this box if you want to be contacted about courses or learning opportunities

**14**

**Identity checked?** YES  NO  (Please state form of identification below):

Returning student  Passport/ID Card  Letter confirming name & address  Exam certificates/results  Credit/debit card

**15**

**Household situation**

**A. Is any member of your household employed?** YES  99 NO

If yes, go to section 16. If no, go to B below.

**B. Does your household contain any dependent children aged 0-24?** YES  NO  01

If yes, go to C below. If no, go to section 16.

**C. How many adults are there in your household?** 1  01 and 03 More than 1  01

**16**

**Previous Qualifications (Please complete the grades for the GCSEs below and include any additional qualifications you have)**

	Qualification type (e.g. GCSE, BTEC)	Level (e.g level 2)	Subject (e.g. History) You must record all qualifications taken	Grade (e.g. C)	Achieved by year 11 (tick)
1.	GCSE	2	English		
2.	GCSE	2	English Language		
3.	GCSE	2	English Literature		
4.	GCSE	2	Maths		
5.	GCSE	2	English Language and Literature		
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**17**

Enrolment requirements met (print name): .....

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Label 1

Label 2

Label 3

Label 4

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**Data Protection Statement Privacy Statement 2014/15 - 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 if you do not wish to be contacted about courses or learning opportunities for surveys and research by post, phone or email. To do this complete section 13.

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**Declaration:**

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I agree to the City of Sunderland College processing this information in accordance with Data Protection Legislation and College information systems. I will inform the College if any details identified above which change in anyway. I have received appropriate advice and guidance about my chosen course(s)’ entry requirements, content, assessment, suitability and support. I declare where my prior attainment is at the same level or higher than my current course, the content and subject area are significantly different. I understand that if I have declared false information the provider may take action against me to reclaim tuition fees and any support costs provided. I declare that I have been informed that this activity is part financed by the European Union through European Social Fund (ESF). ESF supports activities to extend employment opportunities and develop a skilled workforce. I acknowledge and accept that a work placement may be an integral part of my full time study programme. By signing this form I agree to consent to the College policies as in the Student Handbook, including the expectation of wearing College ID at all times.



Student signature: ..... Date: .....

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Checked and inputted by (print name): .....

Signature: ..... Date: .....