

Enrolment Form 20-21

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.

Section A - All learners
Section B - Learners aged under 19
Section C - Learners aged 19 or over (inc HE Learners)
Section D - Higher Education Learners
Section E - All learners

Section A - All learners

Subcontractor:		Enrolment No:				
1. Are you currently a full time student at any other organisation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2. Family name:	First name(s):	Middle name:				
Preferred name (Not nickname or shortened name):						
Legal Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	NI number:				
Date of birth:		Age:				
3. Please indicate your ethnic origin:						
<table border="0"> <tr> <td style="vertical-align: top;"> <p>White -</p> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British (31) <input type="checkbox"/> Irish (32) <input type="checkbox"/> Gypsy or Irish traveller (33) <input type="checkbox"/> Any other White background (34) <p>Mixed/Multiple Ethnic Group -</p> <input type="checkbox"/> White & Black Caribbean (35) <input type="checkbox"/> White & Black African (36) </td> <td style="vertical-align: top;"> <input type="checkbox"/> White & Asian (37) <input type="checkbox"/> Other mixed/multiple ethnic background (38) <p>Asian/Asian British -</p> <input type="checkbox"/> Indian (39) <input type="checkbox"/> Pakistani (40) <input type="checkbox"/> Bangladeshi (41) <input type="checkbox"/> Chinese (42) <input type="checkbox"/> Any other Asian background (43) </td> <td style="vertical-align: top;"> <p>Black/African/Caribbean/Black British -</p> <input type="checkbox"/> African (44) <input type="checkbox"/> Caribbean (45) <input type="checkbox"/> Any other Black/African/Caribbean background (46) <p>Other Ethnic Group -</p> <input type="checkbox"/> Arab (47) <input type="checkbox"/> Any other ethnic group (98) </td> </tr> </table>				<p>White -</p> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British (31) <input type="checkbox"/> Irish (32) <input type="checkbox"/> Gypsy or Irish traveller (33) <input type="checkbox"/> Any other White background (34) <p>Mixed/Multiple Ethnic Group -</p> <input type="checkbox"/> White & Black Caribbean (35) <input type="checkbox"/> White & Black African (36)	<input type="checkbox"/> White & Asian (37) <input type="checkbox"/> Other mixed/multiple ethnic background (38) <p>Asian/Asian British -</p> <input type="checkbox"/> Indian (39) <input type="checkbox"/> Pakistani (40) <input type="checkbox"/> Bangladeshi (41) <input type="checkbox"/> Chinese (42) <input type="checkbox"/> Any other Asian background (43)	<p>Black/African/Caribbean/Black British -</p> <input type="checkbox"/> African (44) <input type="checkbox"/> Caribbean (45) <input type="checkbox"/> Any other Black/African/Caribbean background (46) <p>Other Ethnic Group -</p> <input type="checkbox"/> Arab (47) <input type="checkbox"/> Any other ethnic group (98)
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4. Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198						
<p>EPNE is an inclusive college. You do not generally have to disclose details of 'spent' convictions. However, if the course you are applying for is exempt from the Rehabilitation of Offenders Act because it could involve access to persons who are disabled, addicted to drugs, alcohol or under 18 or over 65 years of age, you must disclose details of all convictions, spent or otherwise. Courses requiring a full disclosure are also subject to a Disclosure & Barring Service (DBS) check. Disclosure of convictions does not automatically affect your admission to the course/programme, but allows the College to undertake a risk assessment and provide support as appropriate. You will be asked to provide further details of spent and unspent convictions if the course requires a Disclosure & Barring Service (DBS) check.</p>						
1. Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2. Are you currently or have you ever been the subject of any investigation or inquiry by the police, a statutory agency or any other body, into abuse or neglect of a child or vulnerable adult or other inappropriate behaviour?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
EPNE Staff: Referred to Safeguarding (where required)		Name:	Date:			
5. Home address:						
		Postcode:				
Tel No:		Mobile No:				
		Email:				

Emergency contacts in case of accident or illness (if different from parent/carers):**All students.** This person must be aged 18+ and must know they are your emergency contact. For 16-18 year olds and 19-24 year olds who have an EHCP, this must be your parent/carers/guardian.

Name:

Name:

Tel No:

Tel No:

Relationship to student:

Relationship to student:

6. Do you want to be contacted in respect to surveys and research?

Yes No

How do you prefer to be contacted?

Phone Post Email

Do you want to be contacted about courses or learning opportunities?

Yes No

7. Country of residence:

Nationality:

7A. Have you been a full, legal resident in England or the European Union / Economic Area (excluding Wales, Scotland and Northern Ireland) throughout the past three (3) years for any purpose other than study?

European Union member countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom. European Economic Area member countries: Iceland, Liechtenstein, Switzerland, Norway and all the eligible British overseas territories and European Union overseas territories listed in the ESFA Funding Rules.

Yes (go to section 8)

No Please complete the remainder of this section. Passports and immigration documents may be needed.

7B. Do you have UK/EEA/EU Residency Status?Yes No

Please confirm your residency status:

- | | |
|--|---|
| <input type="checkbox"/> Asylum seeker (6 month residency) | <input type="checkbox"/> Exceptional Leave or Enter or Remain* |
| <input type="checkbox"/> Indefinite Leave or Enter or Remain* | <input type="checkbox"/> Humanitarian Protection* |
| <input type="checkbox"/> Stateless Leave (3 year residence required) | <input type="checkbox"/> Tier 4 Visa/Work Visa |
| <input type="checkbox"/> Discretionary leave to enter/remain* | <input type="checkbox"/> Family member visa of a legal EU/EEA citizen |
| <input type="checkbox"/> Refugee* | <input type="checkbox"/> Husband/wife/civil partner/child of any of the above marked with * |

*Exempt from 3 year Residency rules - appropriate documentation to be sighted to validate status.

Registry use onlyHome Status or Overseas Status

Confirmed Status:

Evidence Docs:

Evidence Ref:

Signature:

To be signed by member of staff completing this section.

8. Please tick your highest qualification (If you have none of the qualifications listed below, please tick None):

- | | | |
|--|--|---|
| <input type="checkbox"/> Entry Level 1 (09) | <input type="checkbox"/> Full Level 3 i.e. 2 A-Levels/NVQ 3 (03) | <input type="checkbox"/> Level 6 e.g. Degree (12) |
| <input type="checkbox"/> Below Level 1 (07) | <input type="checkbox"/> Level 4 e.g. HNC (10) | <input type="checkbox"/> Level 7 or above e.g. Masters/Post Grad/PhD (13) |
| <input type="checkbox"/> Level 1 (01) | <input type="checkbox"/> Level 5 e.g. HND/Foundation Degree (11) | <input type="checkbox"/> No qualifications (99) |
| <input type="checkbox"/> Full Level 2 i.e. % GCSE at Grade 4-9 or A*-C/ NVQ2 | | |

9. For staff use only

Identity checked?

Yes No (Please state form of identification below):

Document ref

Date of UK Entry (DD/MM/YYYY)

 Passport/ID card Official letter confirming name & address Exam certificates/results Birth certificate Driving License ARC/Residency

10. Do you have any learning difficulties, disabilities or health problems?
If yes, please tick appropriate box(es) and circle the one that you consider to be your main need.

Yes No

- | | | |
|---|---|--|
| <input type="checkbox"/> Vision impairment (04) | <input type="checkbox"/> Dyslexia (12) | <input type="checkbox"/> Other specific learning difficulty (94) |
| <input type="checkbox"/> Hearing impairment (05) | <input type="checkbox"/> Dyscalculia (13) | <input type="checkbox"/> Other medical condition (95) |
| <input type="checkbox"/> Limited mobility (06) | <input type="checkbox"/> Autism Spectrum Condition (14) | <input type="checkbox"/> Other learning difficulties (96) |
| <input type="checkbox"/> Profound/complex disabilities (07) | <input type="checkbox"/> Asperger's Syndrome (15) | <input type="checkbox"/> Other disabilities (97) |
| <input type="checkbox"/> Social/emotional difficulties (08) | <input type="checkbox"/> Temporary disability after illness/accident (16) | If Other, please give details: |
| <input type="checkbox"/> Mental health difficulties (09) | <input type="checkbox"/> Speech, Language and communication needs (17) | <input type="text"/> |
| <input type="checkbox"/> Moderate learning difficulty (10) | <input type="checkbox"/> Other physical disability (93) | |
| <input type="checkbox"/> Severe learning difficulty (11) | | |

11. Do you have an EHCP (Education Health Care Plan)?

Yes No

12. Do you need any support for your Special Educational Needs or Health problem?

Yes No

13. Previous Qualifications (Please list all of your 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	Year achieved

14. Course Code Group Course Name Start date Planned end date Annual Hours

14. Course Code	Group	Course Name	Start date	Planned end date	Annual Hours

Section B - Learners aged Under 19

Parent/carer name:											
Address:						Postcode:					
Mobile No:		Tel No:		Parent/carer Email:							
Does this person have parental responsibility?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		If no, please state name of person			

Parent/carer name:											
Address:						Postcode:					
Mobile No:		Tel No:		Parent/carer Email:							
Does this person have parental responsibility?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		If no, please state name of person			

Are you living in care or classed as a care leaver?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
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Are you a young carer?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are you a young parent?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
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Name of last School or College attended:							
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Employment status (For those 16-18 on part time study programme only)													
Employed: Paid employment <input type="checkbox"/>				Self employed <input type="checkbox"/>									
How long have you been employed?				0 to 3 months <input type="checkbox"/>		4 to 6 months <input type="checkbox"/>		7 to 12 months <input type="checkbox"/>		12 or more months <input type="checkbox"/>			
How many hours a week do you work?				0 to 10 hours per week <input type="checkbox"/>		11 to 20 hours per week <input type="checkbox"/>		21 to 30 hours per week <input type="checkbox"/>		31+ hours per week <input type="checkbox"/>			

Conditionality Check		GCSE English grade:		Achieved by year 11 <input type="checkbox"/>		GCSE Maths grade:		Achieved by year 11 <input type="checkbox"/>			
(If no grade, insert 'None')				Functional skills vL2 English		Yes <input type="checkbox"/>		Functional skills vL2 Maths		Yes <input type="checkbox"/>	

Covid-19 Government Response											
I am 18 years old, enrolling to a course designated as part of the Government Covid response, have prior attainment of Level 2 or Level 3 and been unable to secure employment prior to enrolment and the College are unable to offer alternative work-based learning opportunities at the point of enrolment.											<input type="checkbox"/>

For staff use only											
Remission reason		14-18 year old <input type="checkbox"/>			19-24 with EHCP <input type="checkbox"/>			Full Cost <input type="checkbox"/>			

Section C - Learners aged 19 or older



Household situation (please tick one)

A. No household member is in employment and the household includes one or more dependent children	<input type="checkbox"/>
B. No household member is in employment and the household does not include any dependent children	<input type="checkbox"/>
C. Learner lives in a single adult household with dependent children	<input type="checkbox"/>
D. None of A, B or C above applies	<input type="checkbox"/>

Please complete EITHER section A or B as appropriate:

A. Employed or Self-Employed: Paid employment Self employed

How long have you been employed? 0 to 3 months 4 to 6 months 7 to 12 months 12 or more months

How many hours a week do you work? 0 to 10 hours per week 11 to 20 hours per week 21 to 30 hours per week 31+ hours per week

Employer Contact Details (relating to this training) if your employer is paying for your course:

Name	<input type="text"/>	Tel No	<input type="text"/>	Job title	<input type="text"/>
Email	<input type="text"/>			Type of business	<input type="text"/>
Name of Employer (Company name)	<input type="text"/>		Department	<input type="text"/>	
Address	<input type="text"/>			Postcode	<input type="text"/>

B. Not employed: Not in paid employment and looking for work Not in paid employment and **NOT** looking for work

How long have you been unemployed

Less than 6 months 6 to 11 months 12 to 23 months 24 to 35 months 36 or more months

Do you claim? JSA ESA Universal Credit Another State Benefit Not Claiming

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Where the previous qualifications are at the same level or higher than the qualification for which the learner is currently enrolling, consideration of Recognition of Prior Learning (RPL) and accreditation of prior learning (APL) and exemption for Previously Certified Achievement must be demonstrated.

Previous qualifications have been discussed and RPL or exemption for the current qualification is required? Yes No

If yes:

Exemption percentage reduction (units achieved/total units):

Enrolling Lecturer Name:

Section C - Learners aged 19 or older



**NORTH
OF TYNE
COMBINED
AUTHORITY**



Course fees (Adult learners only)

Students doing a course at level 3 (and above) aged 19 or over* - please indicate how course fees will be met:

I am applying for an Advanced Learner Loan I am paying the course fee myself Aged 19-23 - Attending a First Full L3 Course (FL3)

*Students doing a course at level 3 or above who are 19 or over on the first day of their course are no longer funded through the Adult Education Budget and fee remission will not apply.

All other students: I am paying the course fee myself My employer is paying the fees and I have provided an employer's letter of authority I am claiming fee remission Please complete the section below

Please confirm your circumstances and tick the relevant box for fee remission consideration:

- | | |
|--|--|
| <input type="checkbox"/> I am in receipt of Jobseekers' Allowance (inc NI Credits) | <input type="checkbox"/> I am in receipt of Employment and Support Allowance |
| <input type="checkbox"/> I am in receipt of Universal Credit | <input type="checkbox"/> 19-24 years of age with an EHCP |
| <input type="checkbox"/> I am studying Maths or English (not including ESOL) | <input type="checkbox"/> Aged 19-23 - Attending a First Full L2 Course (FL2) |
| <input type="checkbox"/> Aged 19-23 - Attending an Entry or Level 1 Course as an essential step toward a FL2 | <input type="checkbox"/> Asylum Seeker (evidenced in 7b) |
| <input type="checkbox"/> I am employed and my gross salary is less than £17,004.00** (or £18,135 (or £9.30 per hour) if you live in a North of Tyne Combined Authority residential postcode) | <input type="checkbox"/> Digital Skills Entitlement |

**Gross salary is your pay before deductions are made. You must provide a copy of a pay slip dated within 3 months of your start date or a current contract of employment which states your gross salary.

I am 19 years old, enrolling to a course designated as part of the Government Covid response, have prior attainment of Level 2 or Level 3 and been unable to secure employment prior to enrolment and the College are unable to offer alternative work-based learning opportunities at the point of enrolment.

I am receiving another state benefit not listed above and I can confirm both of the following statements:

1. I want to be employed or to progress to more sustainable employment and the training is directly relevant to improving my employment prospects and the local labour market needs.

Yes No

2. As an individual I earn less than £338 a month or as a household we earn less than £541 a month.

Yes No

For staff use only

1. Assessment criteria for low wage

- The learner is employed Yes No
- The learner is eligible to be co-funded Yes No
- The learner cannot contribute towards the cost of co-funding fees Yes No
- The learner earns less than the annual gross salary above Yes No
- Evidence of earnings verified using: Wage slips Employment contract
- Wage slips must be recent and in all cases must be no more than 3 months old (based on the start date of the learner)

2. Evidence - Wage slips or contract of employment

Wage slips (gross salary before deductions)
(a minimum of four if paid weekly and a minimum of two if paid monthly)

- | | | |
|-----------------------|---------------------------------|----------------------------------|
| The learner is paid | Weekly <input type="checkbox"/> | Monthly <input type="checkbox"/> |
| Payslip One | Date | / / 20 |
| Gross salary declared | £ | |
| Hourly rate declared | £ | |
| Payslip Two | Date | / / 20 |
| Gross salary declared | £ | |
| Hourly rate declared | £ | |
| Payslip Three | Date | / / 20 |
| Gross salary declared | £ | |
| Hourly rate declared | £ | |
| Payslip Four | Date | / / 20 |
| Gross salary declared | £ | |
| Hourly rate declared | £ | |

Contract of employment

- Contract date / /
- Employer name
- Gross annual salary £
- Contracted hours per week
- Hourly rate £

P60 and working tax credit notifications are not sufficient evidence of gross earnings and cannot be accepted as evidence of earnings for this fee remission category.

3. Assessing officer decision

As the assessing officer I confirm that the learner satisfies and has evidenced entitlement to receive full remission based on the low earnings criteria. The detail on this document is a true and accurate reflection of the evidence witnessed by me.

Yes (eligible for low remission) No

4. Other remission evidence

- Receives JSA
Last paid date: / / 20 Amount: £
- Receives Universal Credit
Last paid date: / / 20 Amount: £
- Receives ESA
Last paid date: / / 20 Amount: £

5. Remission reason for the enrolments included on this enrolment form

- | | |
|--------------|--------------|
| Enrolment 1: | Enrolment 6: |
| Enrolment 2: | Enrolment 7: |
| Enrolment 3: | Enrolment 8: |
| Enrolment 4: | Enrolment 9: |
| Enrolment 5: | |

6. Assessing officer

Name: Signature:

Date: / / 20

Section D - Higher Education Learners only

You must also complete section C



UCAS Personal ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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UCAS Application code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I have applied/am applying for a tuition fee loan through Student Finance England

Yes

No

Student Support Number assigned by Student Loan Company

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Term Term accommodation options:

Private sector Halls (10)

Parent/Guardian home (4)

Other rented accommodation (8)

College owned and maintained (11)

Own residence (7)

Other (5)

HE Mode of Study

Full time (01)

Part time (03)

What is the highest qualification you have achieved to date

Title

Level

Which best describes your occupation?

Higher managerial and professional occupations (01)

Semi-routine occupations (06)

Lower managerial and professional occupations (02)

Routine occupations (07)

Intermediate occupations (03)

Never worked and long term unemployed (08)

Small employers and own-account workers (04)

Not classified (09)

Lower supervisory and technical occupations (05)

What is your current job title (if employed)

What industry do you work in (if employed)

Section E - Signature and declarations - All learners



15. Declaration:

Privacy Notice issued by the Education & Skills Funding Agency - How We Use Your Personal Information This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit: <https://www.gov.uk/government/publications/esfa-privacy-notice>

Education Partnership North East is registered under the Data Protection Act (registration number Z7456751). Any information you provide during your registration, or subsequently to the College, will be held in accordance with the Act and used for the purposes of managing learning activities. In addition to this, please read through the College Data Protection statement available at: www.epne.ac.uk General Data Protection Regulation (GDPR) EPNE treats the privacy of its learners and users very seriously and we take appropriate security measures to safeguard your privacy. We protect and manage the personal and sensitive data you provide and share with us, and that we hold about you. You provide us with personal data on the registration form and other associated documents relating to your application, enrolment and attendance with EPNE, this includes your name, address, date of birth, e-mail addresses and prior educational achievements. We use this information to manage and administer your educational programme with us. We may also keep any information contained in correspondence you may have with us by post or electronic methods. We also request some sensitive information from you in order that we are able to assess your eligibility for funding for the educational programme you are undertaking. Without your express consent we are unable to fund your educational programme, this means the legal basis of us holding your personal data is for the performance of a contract, delivery and accreditation of learning and assessment.

EPNE processing includes the use of CCTV to maintain the security of the premises and to prevent, detect and investigate crime. We sometimes need to share the personal information we process with the individual themselves and with other organisations for the purposes of education, funding, services, training, research, employment and to meet statutory and contractual responsibilities. EPNE reserve the right to contact all learners directly regarding their learning programme with the College, this may include, but is not limited to, participation in surveys and feedback processes managed by EPNE. EPNE staff and employees reserve the right to contact parents and/or guardians with parental responsibility (for learners under the age of 18 on 31/08/2020) regarding attendance, progression, discipline and any other matters that we feel are beneficial to the Learning Plan. The definitions of 'Parent' and 'Parental responsibility' used by the College are those defined Under section 576 of the Education Act 1996. Parental responsibility is defined in section 3(1) of the Children Act 1989. 'Parents' and 'Parental Responsibility' have the following rights in relation to the education of a young person aged under 18 at the start of the academic year; a) to attend a college's annual parents' meeting, b) to express a preference when choosing an educational establishment, c) to stand for election or vote as a parent governor, d) to be notified of their right to appeal against a young person's exclusion, e) to receive information on the young person's education, f) to withdraw the young person from religious education and collective worship, g) to initiate or be involved in the procedure for obtaining a statement of special educational needs for the young person.

- Learners aged 19 and over and resident in the North of Tyne area are funded from the North of Tyne Combined Authority (NTOA). Learners aged 19 and over and resident in the Tees Valley area are funded from the Tees Valley Combined Authority (TVCA).
- I confirm I have received impartial and appropriate information, advice and guidance (IAG) about my chosen programme, discussed entry requirements, programme content and the suitability of my programme for career and progression opportunities.
- I understand as part of my course/programme I will receive an induction to the College which will include, Health & Safety, Prevent & British Values, Equality & Diversity, my obligations relating to the standard of work, deadlines and how assessment takes place and the College complaints procedure.
- I agree that all financial support, including travel passes, issued by the College is repayable in full if I withdraw or do not complete my studies.
- I have been informed that additional learning support may be available to me, should I request it to assist my studies.
- I understand that if I have declared false information, action may be taken against me to reclaim the tuition fees and associated costs in line with EPNE Fees
- Policy which has been explained to me. I confirm and accept liability for payment of any and all outstanding fees. A copy of the Fees Policy is available on request. Proof of benefit, income or payment must be made within seven days of the published course start date, the College reserve the right to cancel my registration if fees are not paid or evidence of benefit and/or income is not provided within seven days of the course start date.
- I allow the Learner Records Service (LRS), a service managed by the ESFA to share my data with other learning providers/examining bodies.
- Where my course is financed by the Student Loan Company (SLC) I allow EPNE to share my data with the Student Loan Company (SLC) for the administration of the loan associated with my course. I agree the contract is between me as the learner and the Student Loan Company (SLC).

I have read the above statements and privacy statement and acknowledge that I fully understand and agree to them. I understand that the college has a legal contractual obligation and are able to contact me during and after my course in regard to any issue relating to my course, accreditation and certification, funding or destination after completing my course.

In signing this agreement, the named Learner and EPNE (or its approved subcontractor) confirm that the statements included on this document have been read, understood and agreed by both parties. All parties confirm that information provided is true and accurate at the point of collection, providing false or misleading information is a criminal offence. The College confirms that evidence of Learner identity, existence and eligibility has been confirmed and that the Learner qualifies to be funded by the Education & Skills Funding Agency in line with the 2020/21 Funding Rules.

Please confirm you have received and understood the College Privacy Policy <https://www.educationpartnershipne.ac.uk/governance/information-governance/>

Why have you chosen to enrol at this college?

Student signature:

Date:

Print Name:

EPNE signature:

Date:

Print Name:

16. Checked and input by (print name):

Signature:

Date:

Total Fee:

Deposit:

Ref No:

Payment Method:

Inst Template:

No. of Insts:

Start Date:

Inst Amount:

Fin Check: