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**East Sussex County Council Enrolment Form 2022/23**

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| **Name of Course:** | | **Course Code:** | |
| **Venue:** | **Start Date:** | | **End Date:** |

**CONFIDENTIAL**

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| **Title** | Mr  Mrs  Miss  Other ……. | | | | | **Gender** | | Male  Female  Other | | | | | | | |
| **First Name/s** |  | | | | | **Date of Birth** | |  | | | | **Age at start date of programme** | |  | |
| **Last Name** |  | | | | | **Telephone Number** | | | |  | | | | | |
| **Previous Surname** |  | | | | | **NI Number** | | | |  | | | | | |
| **Home Address** |  | | | | | | | | | **Postcode** | | | |  | |
| **Email** |  | | | | | | | | | | | | | | |
| **Emergency Contact Name** |  | | | | | **Emergency Contact Number** | | | |  | | | | | |
| **Passport or driving licence number is (Apprenticeships)** | | | | |  | | | | | Office use only Original seen | | | | | Yes  No |
| Have you been continuously resident in the UK, EU, or EEA for (at least) 3 years? | | | | | | | | | | Yes | | | No | | |
| If no, please state country of residence | | | | | | | | | |  | | | | | |
| Are you either a UK, a non-EEA citizen with right of abode in the UK or EU national with EU Settlement Status? | | | | | | | | | | Yes | | | No | | |
| If you answered no, please attach proof of ID and right to study/work in the UK | | | | | | | | | |  | | | | | |
| **WHICH ETHNIC GROUP WOULD YOU DESCRIBE YOURSELF AS BELONGING TO?** | | | | | | | | | | | | | | | |
| **White**  31 English/Welsh/Scottish/  Northern Irish/British  32 Irish  33 Gypsy or Irish Traveller  34 Other White Background | | **Mixed/multiple ethnic group**  35 White and Black Caribbean  36 White and Black African  37 White and Asian  38 Other Mixed/Multiple | | | | | **Asian or Asian British**  39 Indian  40 Pakistani  41 Bangladeshi  42 Chinese  43 Other Asian Background | | | **Black/African/Caribbean/Black British**  44 African  45 Caribbean  46 Other Black/ African/ Caribbean/ Background | | | | | |
| **Other ethnic group**  47 Arab  98 Any other ethnic group | | 99 Not provided/prefer not to say | | | | | | | | | | | | | |
| **DISABILITIES AND LEARNING DIFFICULTIES** | | | | | | | | | | | | | | | |
| Do you consider yourself to have a learning difficulty, disability, or health problem? Yes  No  Prefer not to say | | | | | | | | | | | | | | | |
| If yes, and you are happy to do so, please tick all that apply in the boxes below | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | |  | 01 Emotional Behavioural difficulties | |  | 02 Multiple disabilities | |  | 03 Multiple Learning difficulties | |  | 04 Visual impairment | |  | 05 Hearing impairment | |  | 06 Disability affecting mobility | |  | 07 Profound complex disability | |  | 08 Social and emotional difficulties | | | | | |  |  | | --- | --- | |  | 09 Mental health difficulties | |  | 10 Moderate learning difficulties | |  | 11 Severe learning difficulties | |  | 12 Dyslexia | |  | 13 Dyscalculia | |  | 14 Autism spectrum disorder | |  | 15 Asperger’s syndrome | |  | 16 Temporary disability after illness (for example post viral) or accident | | | | | | |  |  | | --- | --- | |  | 17 Speech, language, and communication needs | |  | 93 Other physical disability | |  | 94 Other specific learning difficulties (e.g., Dyspraxia) | |  | 95 Other medical condition (for example Epilepsy, Asthma, Diabetes) | |  | 96 Other learning difficulties | |  | 97 Other disabilities (please specify below) | | | | | | | |
| If you have ticked more than one box in the lists above, please record below which *one* you consider to be your main disability, learning difficulty or health problem and how best we can support you. | | | | | | | | | | | | | | | |
| **HOUSEHOLD SITUATION (Please mark the statement(s) that apply to you)** | | | | | | | | | | | | | | | |
| 01 No household member is in employment and the household includes one or more dependent children  02 No household member is in employment and the household does not include any dependent children  03 Learner lives in a single adult household with dependent children  99 None of these statements apply  98 Prefer not to say | | | | | | | | | | | | | | | |
| **EMPLOYMENT STATUS THE DAY BEFORE THE START OF THIS PROGRAMME (Last Employment Only)**  **Please choose one of the options below and relevant sub sections** | | | | | | | | | | | | | | | |
| **10** **In paid employment**  **Length of employment**  Up to 3 months  4 to 6 months  7 to 12 months  More than 12 months  **Employment Intensity**  5 –Employed for 0 to 10 hours per week  6 Employed for 11 to 20 hours per week  7 Employed for 21 to 30 hours per week  8 –Employed for 31+ hours per week | | | | | | | **11** **Not in paid employment, looking for work and available to start work**  **Length of Unemployment**  Less than 6 months  6-11 months  12-23 months  24-35 months  More than 36 months  **Benefit type**  Universal Credit  Job Seekers Allowance  Work Related Activity Group (ESA) (WRAG)  Not on any benefit whilst unemployed | | | | | | | | |
| **12 Not in paid employment, not looking for work and/or not available to start work**  **Length of unemployment**  Less than 6 months  6-11 months  12-23 months  24-35 months  More than 36 months | | | | | | | **Are/were you self-employed?**  **Length of self-employment**  Less than 6 months  6-11 months  12-23 months  24-35 months  More than 36 months | | | | | | | | |
| **Were you in full time education or training just prior to enrolling?**  **Number of hours per week**  0-10 hours per week  11-20 hours per week  21-30 hours per week  31+ hours per week | | | | | | | | | | | | | | | |
| **CONTACT PREFERENCES** | | | | | | | | | | | | | | | |
| **Please indicate below if you are happy to be contacted and if so, how:** | | | | | | | | | | | | | | | |
| **About courses or learning opportunities** | | | | **For surveys and research** | | | | |  | | | | | | |
| **By post** | | | | **By phone** | | | | | **By email** | | | | | | |
| **ACADEMIC HISTORY** | | | | | | | | | | | | | | | |
| **Entry Level** | | | | | | | **Level 5 (e.g. Foundation Degree)** | | | | | | | | |
| **Level 1 (e.g. GCSE Grade D-G/1-3)** | | | | | | | **Level 6 (e.g. Bachelor’s Degree)** | | | | | | | | |
| **Level 2 (e.g. Functional Skills Level 2, ESOL)** | | | | | | | **Level 7+ (Masters Degree, Postgraduate Certificate/Diplomas)** | | | | | | | | |
| **Full Level 2 (e.g. 5 GCSE grades A\*-C/4-9 or O Levels)** | | | | | | | **Other Qualification level unknown** | | | | | | | | |
| **Level 3** | | | | | | | **Don’t know** | | | | | | | | |
| **Full Level 3 (e.g. 2 A, 4 AS Levels or National Diploma)** | | | | | | | **No qualifications** | | | | | | | | |
| **Level 4 (e.g. Certificate of Higher Education)** | | | | | | |  | | | | | | | | |
| **BASIC SKILLS** | | | | | | | | | | | | | | | |
| **Highest Maths Qualification** | | |  | | | | **Highest English Qualification** | | | |  | | | | |

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| **LEARNING AGREEMENT** | |
| * I have received appropriate guidance regarding my learning programme * I have been advised that this programme meets my needs and that I satisfy entry requirements * I am also aware that additional support may be available should I require it * I agree to comply with East Sussex County Council’s (ESCC) regulations, including the Code of Conduct and those regarding use of ESCC’s IT facilities * I agree to ESCC processing personal data contained on this form or any other data which ESCC may obtain from me or other people * I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason * I have completed and read the details on this form and agree that they are correct * ESCC is registered as a Data Controller with the UK Information Commissioner’s Office under the Data Protection Act 1998. * I have read and understood the conditions set out by the Privacy Notice above and consent to the processing of my personal data for those purposes | |
| I have read all the above information and certify that all the details I have provided are true and accurate and can provide evidence if required. | |
| **Signature** |  |
| **Date** |  |
| **EDUCATION & SKILLS FUNDING AGENCY/DEPARTMENT FOR EDUCATION PRIVACY NOTICE** | |
| 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) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used in the ILR. Your personal information is used by the DfE to exercise our functions under article 6(1)(e) of the UK GDPR and to meet our statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009.  The ILR collects data about learners and learning undertaken. Publicly funded colleges, training organisations, local authorities, and employers (FE providers) must collect and return the data to the ESFA each year under the terms of a funding agreement, contract or grant agreement. It helps ensure that public money distributed through the ESFA is being spent in line with government targets. It is also used for education, training, employment, and well-being purposes, including research. We retain ILR learner data for 3 years for operational purposes and 66 years for research purposes. For more information about the ILR and the data collected, please see the ILR specification at <https://www.gov.uk/government/collections/individualised-learner-ilr>  ILR data is shared with third parties where it complies with DfE data sharing procedures and where the law allows it. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact learners to conduct research and evaluation to inform the effectiveness of training.  For more information about how your personal data is used and your individual rights, please see the DfE Personal Information Charter  [Personal information charter - Department for Education - GOV.UK (www.gov.uk)](https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter) and the ESFA Privacy Notice [Privacy notice for Key Stage 5 and adult education - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/privacy-notice-for-key-stage-5-and-adult-education)  If you would like to contact us or request a copy of the personal information DfE holds about you, you can contact the DfE in the following ways:   * Using our online contact form [Personal information charter - Department for Education - GOV.UK (www.gov.uk)](https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter) * By telephoning the DfE Helpline on 0370 000 2288 * Or in writing to - Data Protection Officer, Ministerial and Public Communications Division, Department for Education, Piccadilly Gate, Store Street, Manchester, M1 2WD   If you are unhappy with how we have used your personal data, you can complain to the Information Commissioner’s Office (ICO) at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. You can also call their helpline on 0303 123 1113 or visit <https://www.ico.org.uk>  [ILR Privacy Notice 2022 to 2023 version 1 January 2022 (submit-learner-data.service.gov.uk)](https://guidance.submit-learner-data.service.gov.uk/22-23/ilr/ilrprivacynotice) | |
| **EAST SUSSEX COUNTY COUNCIL PRIVACY NOTICE** | |
| This privacy notice covers the collection of data used to provide courses and workshops to adults which are funded by the Department for Education (DfE) and the Education and Skills Funding Agency (ESFA)  East Sussex County Council takes data protection seriously. Please be assured that your information will be used appropriately in line with data protection legislation, will be stored securely and will not be processed unless the requirements for fair and lawful processing can be met.  [Adult learning enrolment | East Sussex County Council](https://www.eastsussex.gov.uk/privacy/adult-learning-enrolment) | |

**APPRENTICESHIPS ONLY:**

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| **ADDITIONAL FUNDING REQUIREMENTS** | | | | | | | | | | | | | |
| Are you a Care Leaver? Yes ☐ No ☐   * If ‘Yes’ please provide an Original Declaration of your Care Leaver status from your Local Authority   If aged 19-24, do you have an Education and Care Plan (EHCP?) Yes ☐ No ☐  If ‘Yes’ please provide evidence of the EHCP from your Local Authority | | | | | | | | | | | | | |
| **APPRENTICESHIP DETAILS** | | | | | | | | | | | | | |
| STANDARD CODE:  (BA3 = 196 TL3 = 105 OML = 104) | | |  | | Title and level: | |  | | | | | | |
| End Point Assessment Organisation: | | | **NCFE** | | Number of hours required for Off The Job: | | | | | | |  | |
| Start Date: |  | | Planned end date for practical period | | |  | | | | | End date: | |  |
| Negotiated training price (no EPA cost) | | |  | | | EPA Price | |  | | | Total Price | |  |
| OFFICE USE ONLY - From the RLRC form – Prior Attainment level = | | | | | | | | |  | | | | |
| OFFICE USE ONLY – From the RLRC form – Prior Attainment CODE for the ILR = | | | | | | | | |  | | | | |
| OFFICE USE ONLY – Is there any RPL for this apprentice | | | | | | | | | Yes **☐**  No **☐** | | | | |
| OFFICE USE ONLY – If Yes How many weeks reduction has been made? | | | | | | | | |  | | | | |
| OFFICE USE ONLY – If Yes – What is the reduction in price, in whole pounds? | | | | | | | | |  | | | | |
| **MENTORING ARRANGEMENTS** | | | | | | | | | | | | | |
| Confirm that the line manager is aware of their role as mentor for this apprentice | | | | | | | | | | Yes **☐** | | | |
| Will someone else also mentor this apprentice? | | | | Yes **☐**  No **☐** | | | | | | | | | |
| If ‘Yes’, please state Mentor’s Name: | | | | | | | | | | | | | |
| **EMPLOYER/MANAGER DECLARATION** | | | | | | | | | | | | | |
| I confirm that:   * To the best of my knowledge, the information on this form is correct * This is the most appropriate learning programme for this individual * I (the manager) will be able to provide the learner with the appropriate learning opportunities relating to the apprenticeship for this individual * I (the manager) will allow the apprentice to complete the apprenticeship within their working hours with a minimum of an average of 6 hours per week being given for off the job training (with additional time required if the learner required maths and English qualifications) * The learner will receive a wage in line with the national minimum wage requirements and that where appropriate the apprentice rate will not be used prior to a valid apprenticeship agreement being in place * I was offered the option of the free recruit an apprentice service | | | | | | | | | | | | | |
| **Name of Authorised Employer/Manager** | | | | |  | | | | | | | | |
| **Authorised Signature of Employer/Manager** | | | | |  | | | | | | | | |
| **Date** | | | | |  | | | | | | | | |
| **APPRENTICE COACH DECLARATION** | | | | | | | | | | | | | |
| As the Apprenticeship Coach I confirm that:   * I have fully assessed the needs of the learner and confirm that the above noted apprenticeship programme and level is the most suitable for the learner at this time * I have discussed all programme requirements with the employer/manager and confirm that the employer offers a varied and suitable range of work to support the Apprentice in meeting the necessary awarding body assessment criteria and End Point Assessment (if applicable) requirements * Prior learning and experience have been recognised and where appropriate and where relevant adjustments have been made to the content, duration, and price accordingly | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | |
| **Signature** | |  | | | | | | | | | | | |
| **Date** | |  | | | | | | | | | | | |