

HSDC 2022/23 Part-time Enrolment Form & Learning Agreement

Student i	nformatio	n	For office	use or	nly Student Ref	erend	ce No:	
Title:		Su	rname/Family Name:					
First Name(s) in full:								
Preferred name: Previous name (if applicable):								
Address:								
Postcode:								
If you've ch	anged addre	ess with	nin the last 3 years, please pro	ovide pr	revious Postcode:			
Date of Birth (dd/mm/yyyy): Age Legal Sex: Male ☐ Female ☐ i.e. stated on passport/ birth certificate								
Gender: M	ale 🗆 Fema	le □ O	ther □(Please specify)					
Home Tel N	No:				Mobile No:			
Email addr	ess:							
	sional Institu embership I		rses e.g. CIPS, CIMA, CMI etc.	please	provide your	Nat	ional Insurance Number:	
Please in	dicate you	ır ethi	nic group: please tick O	NE bo	x			
White ☐ English/Welsh/Scottish / Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any Other White Background			Other Ethnic Group ☐ Arab ☐ Any other ethnic group Black/African/Caribbean/Blac Brit ☐ African ☐ Caribbean ☐ Any other Black/African/Caribbe background	Asian/Asian British ☐Indian ☐Pakistani ☐Bangladeshi ☐Chinese ☐Any other Asian ba	ıckgrou	Mixed/Multiple ethnic groups □White and Black Caribbean □White and Black African □White and Asian □Any other Mixed/ multiple ethnic background		
Have you l	ived outside	the U	nited Kingdom during the las	t 3 year	s? Yes □ No □			
nate year	give date o	of entry	/return into the UK (dd/mm/		Staff Use – please ensure this is signed to indicate that residency has been established if learner has ticked 'Yes' above.			
	inform us	ı	you have lived during this tim					
	indicate your current Visa status	· ·	ouse or child of a UK Citizen anted leave to enter/remain i					
If yes			ylum Seeker / Refugee status	Document seen:				
please		prote	_					
			ction 67 of the Immigration A	Staff Signature				
			lais leave to remain Settled Status		Staff Signature:			
			tish Nationals evacuated from	tion				
	Pitting or by UK Government before 06/01/22						Date:	
FFA Nieties	-1		raine Family Scheme/Sponsor					
EEA Nationals with pre-settled/settled status as indicated by EU Settlement Code and living in the EEA or UK during the previous 3 years prior to the course start date.								
Emergen	cy Contac	t Deta	ils					
Emergency contact name: Relationship:								
Mobile telephone no: Home telephone no:								
Please tick which of the following statements apply - please tick all that apply, if no option is indicated								
the starred * option will be selected								
□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. □I live in a single adult household with dependent children.								
□ None of these statements apply. □* I confirm that I wish to withhold this information.								
□None of these statements apply. □* I confirm that I wish to withhold this information.								

						_				ur course, through qualification befor			
_								- 1	_	ase tick ONE box	-,-	a otal toa	
□Not known		, <u>Boro</u>	mant tanger										
□Entry Level (<i>I</i>		☐Full Level 3 (4 AS Level; 2 A2/A Level; NVQ3; BTEC Diploma/Extended Diploma/Access to HE)											
□Qualification		□Level 4 (Certificate of Higher Education; HNC)											
□Level 1 (5GC		□Level 5 (Foundation Degree; HND)											
•	; BTEC First Co	-	GIVVQ			☐Level 6 (Bachelor's Degree; Graduate qualification)							
□Level 2 not d						-			_	ree; Postgraduate (fication	
			2. 2 2 AC					IVIC	aster's Deg	ree, Posigraduate (₁ uan	ilcation,	
□Full Level 2 (5	'Q Intermedia					Doctorate)							
	-irst Dibioii		☐Other qualification: level not known.										
□Level 3 not defined as a full level 3 □No qualifications Disability, Learning Difficulty and or Health Problem − please tick all that apply, if no option is indicated.										alianta al			
•	_	-		itn F	robie	m – piea	ase tick	all	tnat app	oly, if no option i	s in	aicated	
the starred *	•												
Do you conside	=		_	y, dis	ability	or health _l	problem?	?					
Yes □ *No□	Other	□ Please											
□Allergy		□Epil							☐Social, Emotional & Behavioural				
□Asperger's Sy	ndrome		iring Impair						Difficulties				
□Asthma			gnosed mer						☐Speech, Language and Communication				
☐Autism Specti			derate Lear	_	Difficult	Ly			needs				
□Cystic Fibrosis	5		sical Disabil	•					Temporary Disability after Illness or accident				
□Diabetes			er Specific I		•		Dyspraxia	4	□Visual Impairment-excluding glasses/contact lenses			ses/contact	
□Disability Affe	cting Mobility		found/Com _l			ies							
□Dyscalculia		□Seve	ere Learning	g Diff	iculty				□Prefer not to say				
□Dyslexia			☐Are you a wheelchair user?										
If you have ticked learning difficul													
If you have a s	support need	and wo	uld benefi	t fro	m a co	nfidentia	l intervi	ew	, please ti	ck this box 🛚			
Do you have a	n EHCP	Yes □											
Do you have a	ny unspent (criminal o	conviction	s (ex	cluding	minor mo	otoring of	ffei	nces)? Ye	s□ No□			
										n may result in exclusion fro	om col	lege.	
Are you or have	you been a L	ooked-Aft	ter Child (L	AC)/(Care Le	aver as de	fined in t	the	Children A	ct 1989 as one who	o is c	r has been	
in the care of, o	r provided wi	th accomr	modation b	y, an	Englisl	h local aut	hority Ye	es D	□ No □ Pr	efer not to say \square			
Course Infor	mation												
Carrage Carda					D		Star	t		Tuisian face C			
Course Code					Day		Date	9		Tuition fee £			
Course Title					Time		End			Assess fee £			
course ritie						Time		9		Assess fee I			
Campus/Venue	/ Dostsodo												
of Study	e/ Posicode						Tot	al t	to pay £				
Carrage Carla					D		Star	t		Tuisian face C			
Course Code					Day		Date	9		Tuition fee £			
Course Title					Time		End			Assess fee £			
						Date	9						
Campus/Venue	/ Postcode						T						
of Study							Tot	aı	to pay £				
Leading to the follo							,				1		
Office use only		BKSB E1	BKSB E2	BKS	B E3	BKSB L1	BKSB L2		Start Date	Expected End Date	Tot	al GLH	
Unregulated ESOL	g .												
Speaking & Listenin Reading	8							+					
Writing													
Functional Skills Eng	glish												
Functional Skills Ma													
English Unit(s)													
Maths Unit(s)													

Course fees and payment - Please select one option below													
									es indicated by a 'SC' or 'HC' code				
	1.												
	2.	Aged 19+ on 31/8/22, have not reached GCSE grade C/4 or above and enrolling on a GCSE/Functional Skills English/maths course to do so.											
	3.	Aged 19-2	3 at the s	tart of th	ne cours	e, studyi	ng Entry/Leve	el 1 course in order to m	er to meet the entry criteria to enrol on a				
		Level 2 course which would result in achieving my first full Level 2 qualification prior to the age of 24.											
	4.	Aged 19-23 at the start of the course, studying my first full Level 2 funded qualification.											
	5.	Aged 19-2	3 at the s	tart of th	ne cours	e, studyi	ng my first fu	ll Level 3 funded qualific	ation.				
	6.	Aged 19+ at the start of the course, studying an Entry, Level 1 or Level 2 qualification and in receipt of Jobseekers Allowance (JSA) -evidence will be required. Evidence seen for statements 6 - 9 Staff Signature											
	7.	Aged 19+	at the sta	- Starr Signature									
	,,	in receipt											
	8.				Student to sign to indicate								
		qualification, earning less than £345/month (individual) or £552/month unemployed status/low-i											
		(househol		status or earning under									
		wants to be employed. evidence will be required. £345/£552month:											
	9.	Aged 19+ at the start of the course, studying an Entry, Level 1 or Level 2											
		qualification and earning less than £18,525.00 annual gross salary- evidence will be required. Student Signature:											
	10.	-		s for Job	s Offer	(only ava	nilable for a se	elect number of Level 3 o	courses)				
								South Downs College	, 				
									Only available for Level 3+ Further				
						_	_	be in place by the start	•				
	13.	Taking out	t a college	instalm	ent Plar	if tuitio	n fee is over f	2600.00.					
	14.	Employer	paying – I	have at	tached a	an officia	l order/autho	risation from my emplo	yer and request that you invoice my				
		employer	– please o	complete	the de	tails belo	w.						
Con	l npany	y name					Contact name						
Tele	phor	ne number						Email					
		ased Wor ime (SWA		ny	E۱	vidence	seen of the s	student's SWAP referr	al notification issued by JCP \Box				
									it students' employment status to				
							T	s indicated the starred * o					
 On the first day of this course, what is your employment status? (Please tick one) If you are unemployed, how long have you been If unemployed, please tick of the following. 													
							unemployed (please tick one)						
			0 – 10 hours	11 – 20	21 – 30	31+ hours	□* Less t	han 6 months	☐In receipt of JSA				
Paid	lemr	oloyment	0 	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$			☐6-11 months		☐In receipt of ESA				
	-	loyed					□12-23 m		☐In receipt of Universal				
					_	_			Credit				
□Not in paid employment & looking for work							□24-35 m	onths	☐In receipt of another State				
□Not in paid employment & not looking for work						vork	□36 mont	hs or over	Benefit				
☐In full-time education or training ☐Redundant/Retired													

Student finance declaration

- I understand that if I leave my course early and I've taken out an Advanced Learner Loan, a Higher Education Loan or an Instalment Plan, I will be required to pay the balance of my course fees immediately to the college in line with the College fees policy https://www.hsdc.ac.uk/governance-and-management/policies/
- If your benefit status changes prior to the start of the course, please notify HSDC Finance Department.
- Students are entitled to fee reductions in accordance with policy/criteria as shown on the College website. Current proof of benefit must be produced at the time of booking or within 5 working days of booking, if not provided the booking will be cancelled. Please be aware that you may be asked to produce such proof again when the course commences.
- I agree to pay all tuition, exam and course related fees as necessary.

Privacy Statement – how we use your personal information

Date last updated: 12 January 2022

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-record-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 carry out 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 (https://www.gov.uk/government/organisations/department-for-education/about/personal-information-charter) and the ESFA Privacy Notice (https://www.gov.uk/government/publications/esfa-privacy-notice)

If you would like to get in touch with 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 https://www.gov.uk/government/organisations/department-for-education/about/personalinformation-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 - 0303 123 1113 or https://www.ico.org.uk

•	I agree to visual images being used for marketing purposes. Yes □ No □
•	_
•	I give permission to the College for the use of any Intellectual Property (documents generated during your studies). Yes No No
•	I give permission to the College to contact me about college events/education/training opportunities Post Phone Email
•	Please be aware that college network accounts are permanently deleted, and thus students will not be able to access their work or
	data 90 days after completing their studies at HSDC. This is reduced to 14 days if the student is withdrawn early from their studies for
	whatever reason

Agreement/Signature:

I agree that initial assessment and guidance concerning the course has been provided, this included information about the course, its entry requirements, the implications of the choice of course, its suitability and the support which is available to students. I agree that I have read this document and the information given on this application is correct to the best of my knowledge. You agree to the college providing you with access to various software packages, subscriptions, and cloud-based services for the duration of your studies with HSDC. I agree that this information can be used to process my data for any purposes connected with my studies or my health and safety whilst on the premises or for any other contractual requirements and in particular to the disclosure of all the data on this form or otherwise collected about me to the ESFA for the purposes noted above in the Drivacy Statement

Hoted above in the Privacy Statement.							
Student Signature	Date						



