

Community Learning Learner Agreement 2020-21

Your learning programme is part-funded by New Directions College and an Adult Education Grant issued by the Education and Skills Funding Agency - an executive agency of the Department for Education. To be eligible for funding you must confirm your residency details below. Please complete using BLOCK CAPITALS

Title : _____ First Name: _____ Surname: _____

Address: _____
Town _____ County: _____ Postcode: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail : _____ TERMS Ref: _____

Gender: Male Female Date of Birth: ____ / ____ / ____

Were you born in the UK? Yes No Have you been permanently resident in the UK / EU / EEA for the last 3 years? Yes No
If NO, please complete an Eligibility Form

Ethnicity:

<input type="checkbox"/> Arab	<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> Mixed - any other mixed background
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> White - British
<input type="checkbox"/> Asian or Asian British - Chinese	<input type="checkbox"/> Black or Black British - any other Black background	<input type="checkbox"/> White - Irish
<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> White - Gypsy or Irish Traveller
<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> White - any other White background
<input type="checkbox"/> Asian or Asian British - any other Asian background	<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Any other ethnic group
		<input type="checkbox"/> Prefer not to say

Disability: The Equality Act considers a person disabled if:

- You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

Do you have a disability, learning difficulty and/or a health condition? Yes No

If YES please tick the appropriate box (as many as are appropriate):

- | | | |
|--|---|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Social and/or emotional difficulties | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Speech, Language & Communication Needs | <input type="checkbox"/> Moderate learning difficulty | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Other physical disability |
| <input type="checkbox"/> Temporary impairment after illness / accident | <input type="checkbox"/> Other medical condition | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Other disability | <input type="checkbox"/> Prefer not to say | |

Please specify which one of these you consider to be your main disability, learning difficulty or health condition: _____

Learner Support:

- I may need additional learning support and would like to discuss my needs

Contact and Data Sharing Preferences

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. Ofsted may request learner information during an inspection. We will also share your contact information with a New Directions contracted company who contact you after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

Can we contact you? (please tick below)

You can contact me about courses or learning opportunities for surveys and research
You can contact me by: by post by telephone by e-mail by SMS Text

Learner Declaration

I am satisfied that the appropriate advice and information about the course has been made available to me prior to my enrolment.

I will advise my learning provider if there are any changes to my contact information or if there are any other changes to my personal circumstances which could affect my eligibility for reduced fees. If applicable, I accept liability for payment of the stated fees

(£) even if I leave or fail to complete the course (other than for reasons of certified illness).

I understand that false information given above may lead to inappropriate use of public funds and I confirm that all information is accurate and correct to the best of my knowledge. I understand there is an expectation that I will attend 100% of the learning programme and I will inform staff in advance of any non-attendance.

Learner

Date:

Signature: _____

To be completed by Tutor:

Provider: _____ Course
Title: _____

Course code/s: _____ Start Date: _____ Start Time: _____ Venue: _____

Tutor Name: _____ Tutor Signature: _____ Date: _____

Office Use Only: All checks have been carried out and I confirm that this enrolment form is complete

Scanned by: _____

Date: _____

Data collected by Compass Recovery College is used to complete regular data returns to New Directions and the Education and Skills Funding Agency (ESFA), carry out statistical analysis to inform decision-making, and continually assess and improve our offer. All information is securely stored. For more information:
<https://www.compassrecoverycollege.uk/compass-data-protection>