

Learning Agreement



Application Form

If you would like to apply for a course, please complete this form and return to the College at the address overleaf.

1. About you

What course would you like to study?

Full-time Apprenticeship Part-time

Courses I wish to apply for:

Staff only	Date	Initial
Endeavour		
CIS		

2. Your details

Student ID/ULN

Title (Mr/Mrs/Miss/Ms/...) Gender: Male Female

Surname/Family name

Forename(s)

Date of birth Age on 31st August 2019

National Insurance number

Home address

 Postcode

Nationality (as on passport)

Home telephone

Mobile telephone

Email

Emergency contact name

Relationship to you

Emergency telephone

3. Residency

Have you lived in the UK/EEA/EU for the last three years? Yes No

If Yes, go to ethnic origin, if No, how long have you lived in the UK/EEA/EU?

Date of entry to the UK Years Months

Do you depend on a Visa or other permission to reside in the UK? *Yes No

*If Yes, what type of Visa/permission do you have?

What is the expiry date for your Visa/permission? (If applicable)

*If Yes, you must enrol in person and bring your passport and Visa/evidence of permission with you.

4. Ethnic origin (Please tick one of the following):

- White – English/Welsh/Scottish/Northern Irish/British
- White – Irish
- White – Gypsy or Irish Traveller
- Any Other White Background
- Mixed/Multiple Ethnic Groups – White and Black Caribbean
- Mixed/Multiple Ethnic Groups – White and Black African
- Mixed/Multiple Ethnic Groups – White and Asian
- Any Other Mixed/Multiple Ethnic Groups Background
- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Chinese
- Any Other Asian/Asian British Background
- Black/African/Caribbean/Black British – African
- Black/African/Caribbean/Black British – Caribbean
- Any Other Black/African/Caribbean/Black British background
- Other Ethnic – Arab
- Any Other Ethnic Background

5. Support needs

We would like to give you the support you need to attend our classes. Please tick any of the boxes below if they describe you:

Do you have a disability/learning difficulty? Yes No

If yes, please tick the appropriate box(es) below and circle your primary disability/difficulty:

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Moderate learning difficulties |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Severe learning difficulties |
| <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Other medical condition e.g. epilepsy, asthma, diabetes | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Behavioural/emotional difficulties | <input type="checkbox"/> Other specific learning difficulties |
| <input type="checkbox"/> Mental health e.g. depression, anxiety, schizophrenia | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Temporary disability e.g. broken leg or arm | <input type="checkbox"/> Profound or complex disability |
| <input type="checkbox"/> Multiple learning disabilities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to Say | |

6. Previous School or College

7. How did you hear about Prior Pursglove College?

8. Highest previous qualification or equivalent (Please tick one of the following):

- Entry Level (Basic Skills Entry Level, ESOL, CSWL)
- Qualifications below Level 1 (Pre-entry)
- Level 1 (5 GCSEs D-G, NVQ1, GNVQ Foundation, BTEC First Certificate, Basic Skills, CLAIT)
- Full Level 2 (5 GCSEs A-C, NVQ2, GNVQ Intermediate, BTEC First Diploma)
- Full Level 3 (4AS, 2A2, NVQ3, BTEC National Certificate/Diploma)
- Level 4 (HNC/D, Degree, Professional Qualification)
- Level 5 or above (Higher Degree, Higher Professional Qualification)
- Other qualification, level not known
- No qualifications

9. Employment status (Please tick one of the following):

- In paid employment
- Not in paid employment, looking for work and available to start work
- Not in paid employment and not looking for work and/or not available to start work
- In education
- Not known/not provided

If you are unemployed and looking for work, what is your length of unemployment before starting the course?

- Less than 6 months 12 – 23 months 36 months or over
- 6 – 11 months 24 – 35 months

10. Household Situation

Please tick which of the following statements apply (one or more may apply):

- No member of the household in which I live (including myself) is employed
- The household that I live in includes only one adult (aged 18 or over)
- There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household
- None of these statements apply
- I confirm that I wish to withhold this information

11. Programme of study

Course Code	Course Title	Day	Time	Start Date	End Date	Total Hour

12. Fee remission

Some learners are entitled to reduced fees or fee remission. Please tick the box that applies to you:

In receipt of Job Seekers Allowance (income or contribution based) *

In receipt of Employment and Support Allowance (Work-Related Activity Group only) *

Please tick any boxes that apply to you.

Under 19 on 1st September 2014**

Studying your first Full Level 2 qualification and aged 19 - 23**

Enrolling on a Literacy or Numeracy course**

Studying your first Full Level 3 qualification and aged 19 - 24**

I declare that I do not have a full Level 2 qualification

I declare that I do not have a full Level 3 qualification

In receipt of any other means-tested benefit***

Housing Benefit

Income Support

Pension Guarantee Credit

Council Tax Benefit

Working Tax Credit

Child Tax Credit

Universal Credit

Other (please state)

I declare that I currently receive a state benefit as identified and have provided the College with documentation to evidence this. I would like to enter employment and I am studying the qualifications needed to gain the skills to do so.

Unwaged dependant of person in receipt of benefit

Category D prisoner

Asylum seeker receiving the equivalent of benefit

Main source of income is state pension

Other (please state)

Note: please bring documentary evidence of your entitlement with you when you enrol. If your award letter is more than three months old, please also provide a current bank account or other statement showing that you are still receiving the benefit.

13. Fees

All fees are payable in accordance with the College's terms and conditions. Fees are returnable only in accordance with the College's Refunds Policy.

	Learner	Employer/Sponsor	Remission	DLSF	Other
Tuition					
Exam					
College					
Total for learner to pay:			Payment Plan:		

14. Apprenticeship information

Work Placement Details

Company name	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Contact name	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		
Company invoice details (if different) <input type="text"/>			
Company name	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Contact name	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

15. How we use your personal information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

www.skillsfundingagency.bis.gov.uk/privacy

www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information

From time to time, the College or its funding body may seek your views on the service provided. Your views are very important to us however; please indicate below if you do not wish to be contacted by any of the following methods.

- Post Telephone Email
- Tick this box if you do not wish to be contacted in respect of surveys and research (L27)
- Tick this box if you do not wish to be contacted about courses or learning opportunities (L27) Tick
- this box if you do not give consent for your image to be used for all general purposes of the College including publicity

You can agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities For surveys and research

Post Telephone Email



Some College Courses are supported by the European Social Fund.

16. Learner declaration

- I declare that, to the best of my knowledge, the information I have provided is correct and that should any of my circumstances change, I will notify the College immediately.
- I agree that I have had sufficient information and guidance to allow me to make an informed choice about my course and understand the commitments I am taking on by enrolling on this area of study.
- I have read the general information provided by the College and I agree to comply with the College's regulations and Code of Conduct and to abide by the Health and Safety at Work Act 1975.
- I understand that all the fees are payable at enrolment and are not refundable. I accept responsibility for the payment of all necessary fees and I understand that liability for payment of any fees remains with me until my employer/sponsor has agreed, in writing to the College, that they accept responsibility for payment. The College operates a debt collection policy and will add any costs incurred in the collection of fees to the amount owed.
- I understand that, should I require it, additional support is available in the form of further help with my studies and disabilities/learning difficulties where appropriate.
- I understand that the College may contact my previous school, parent, guardian, sponsor or employer as appropriate, to obtain information relating to my prior achievement or to report on my progress and attendance.
- I agree to undertake the study of work skills and/or skills for life at an agreed level suitable to my evolving needs and authorise the College to add and record the appropriate changes to my learning aims.
- I understand that Prior Pursglove College collects information about all of its students for various administrative, academic, and health and safety reasons. Because of the Data Protection Act 1998 we need you to sign the following consent to process clause. If you require further information about this please contact the Endeavour Faculty.

Learner Signature

Date

17. To be completed by college staff

Type of Document for
ID Verification seen

Identification no

IAG provided and remission evidence seen

Staff name

Signature

Date

Please return this completed application form by post or in person.

**Endeavour Faculty, Prior Pursglove College,
Church Walk, Guisborough TS14 6BU**

The College makes best efforts to ensure that its advice on courses, their duration and price, is accurate. Please note that not all courses will enrol sufficient students to be viable and therefore may not start, or may be combined, discontinued or postponed. Prices may change.

**Please check for latest information by contacting the
Endeavour Faculty on 01287 280250.**



Expanding opportunities
Enhancing futures