

# Enrolment Form

## Bromley Adult Education College

Nightingale Lane, Bromley BR1 2SQ

Telephone: 020 8460 0020

Fax: 020 8466 7299

Surname Mr/Mrs/Miss/Ms \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Other Details – we require you to complete this section to process the enrolment.

### Thank you

Please describe your ethnic origin by ticking the appropriate box.

#### White

- (31) English/Welsh/Scottish/  
Northern Irish/British
- (32) Irish
- (33) Gypsy or Irish Traveller
- (34) Any other White background

#### Black / African / Caribbean / Black British

- (44) African
- (45) Caribbean
- (46) Any other Black/African/  
Caribbean background

#### Mixed / multiple ethnic group

- (35) White and Black Caribbean
- (36) White and Black African
- (37) White and Asian
- (38) Any other Mixed/multiple  
ethnic background

#### Other ethnic group

- (47) Arab
- (98) Any other ethnic group
- (99) Not provided

#### Asian / Asian British

- (39) Indian
- (40) Pakistani
- (41) Bangladeshi
- (42) Chinese
- (43) Any other Asian background

How did you find out about this course?

## Disabilities and Learning Difficulties

The College is working to ensure that students receive the best service possible. With this in mind, could you tell us if you have any disability and we will try to take this into account when planning your course.

Yes/No *Please delete as appropriate.*

If Yes, would you please describe your disability by ticking the box or boxes below.

- |  |  |
|--|--|
| <input type="checkbox"/> Wheelchair user                                       | <input type="checkbox"/> Hearing impairment            |
| <input type="checkbox"/> Disability affecting mobility                         | <input type="checkbox"/> Other physical difficulty     |
| <input type="checkbox"/> Emotional/behavioural difficulties                    | <input type="checkbox"/> Profound/complex difficulties |
| <input type="checkbox"/> Visual impairment                                     | <input type="checkbox"/> Mental health difficulty      |
| <input type="checkbox"/> Temporary disability after illness or accident        | <input type="checkbox"/> Aspergers Syndrome            |
| <input type="checkbox"/> Multiple disabilities                                 |  |
| <input type="checkbox"/> Other medical condition eg.epilepsy, asthma, diabetes |  |
- (Please provide details) \_\_\_\_\_
- \_\_\_\_\_

If Yes, is there any additional support that you feel you require? If there is, please tell us about it in the space provided.

Do you feel that you have any learning difficulties that we might be able to give you assistance with?

Yes/No *Please delete as appropriate.*

If Yes, would you please describe your learning difficulty for us by ticking the box or boxes below?

- |   |   |
|---|---|
| <input type="checkbox"/> Moderate learning difficulty       | <input type="checkbox"/> Severe learning difficulty     |
| <input type="checkbox"/> Dyscalculia                        | <input type="checkbox"/> Dyslexia                       |
| <input type="checkbox"/> Other specific learning difficulty | <input type="checkbox"/> Multiple learning difficulties |
| <input type="checkbox"/> Autism Spectrum disorder           | <input type="checkbox"/> Other (Please provide details) |
- \_\_\_\_\_

If Yes, could you tell us what help we might be able to provide for you during your course?

#### DISCLOSURE:

In order to provide you with the best support possible, it may be necessary for the College to disclose this information to your tutor and/or other members of the College staff - do we have your agreement to this?

Yes/No *Please delete as appropriate.*

## Course Details

Course number	Course title	Fee Enclosed
		£
		£
		£
		£
		£

### Payment Details

Method of Payment

Cash     Cheque     Credit Card     Debit Card

Please charge my Mastercard/Visa card/Switch card (*delete as appropriate*)

£ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Issue No: \_\_\_\_\_ Valid from: \_\_\_\_\_

Credit Card Holder's Name (as it appears on card):

\_\_\_\_\_

3 Digit Security Number \_\_\_\_\_

Credit Card Holder's Address (if different from overleaf): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Details

I am claiming a reduced fee and attach documentary evidence of my entitlement\*. I will notify the College of any change in my circumstances.

- Job Seekers' Allowance
- Working Tax Credit (household income under £15,500)
- Housing/Council Tax Benefit (means tested only)
- Aged 16-18 before 31.08.11 on qualifying courses **Q1** only
- Income Support
- Dependent of benefit recipient
- Pension credit (Guarantee credit only)
- Employment and Support Allowance (Income Related or WRAG only)

\* (which is less than 3 months old) together with my passport, birth certificate or home office papers.

## Privacy Statement 2011/2012

### How We Use Your Personal Information

The Data Protection Act protects all the information we hold about you and anyone in receipt of your information is under a legal obligation to keep it confidential. We take appropriate measures to ensure that personal data is held securely and is only kept for as long as is necessary for the purpose for which it is used.

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties 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 and training.

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

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.ypla.gov.uk/privacy.htm> and

<http://www.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Tick any of the following boxes if you do not wish to be contacted:

- About courses or learning opportunities
- For surveys and research