ADULT PATHWAYS ENROLMENT FORM **2013–2014**



Student Number	ULN Office use only
Please complete only the BORDERED WHITE BOXES of the form in BLOCK CAI	PITALS and in ink
Section 1 – Your personal details	AG
Please enter your name as it appears on official documents:	
Title: Mr Mrs Miss Ms Other	Male Female Male Female
Family name/Surname	
First name(s)	
Date of Birth D D M M Y Y Y Y	Age on day 1 of course
National Insurance no.	
Address (please remember to let us know if you change address after starting your course)	ume and address of employer (if applicable)
area starting you every	
Postcode	Postcode
	EDRS employer no.
Your contact no.	Your mobile no.
Your email address	
Person to contact in an emergency - if College based (if you are under 18 year	ars old, please give parent or guardian details)
Name	
Relationship	
Contact no. Dayti	me contact no.
Section 2 – The courses you are applying for/enrollir	ng on
Please list courses here:	Start date: Expected end date:
The table and country and the table and table	State date:
	Student number
	mber











Disability	Health	Learning Difficulty
No disability (98)	☐ No health problems	No learning difficulty (98)
☐ Visual impairment (01)	Other medical condition (e.g. epilepsy,	Moderate learning difficulty (01)
Hearing impairment (02)	asthma, diabetes (05). Please state below:	Severe learning difficulty (02)
Disability affecting mobility (03)		Dyslexia (10)
A disability or special need not listed (04).	Emotional/behavioural difficulties (06)	Dyscalculia (11)
Please state below:	☐ Mental health difficulty (07)	Other specific learning difficulty (19
	Temporary disability after illness	Autistic spectrum disorder (20)
	(e.g. post-viral) or accident (08)	Multiple learning difficulties (90)
	Profound complex disabilities (09)	Other (97)
	Aspergers syndrome (10)	I do not wish to give this informatio
	Multiple disabilities (90)	
	Other (97)	
	I do not wish to give this information (99)	
Support at interview and on course?	<u> </u>	
Please tick the following box(es)		
I have a disability and may need support at inte	rview or on course.	
I have dyslexia and/or a learning difficulty and \boldsymbol{r}	may need support on course. \square Yes \square No	
Please help us to focus the college support a	and services by answering the following question:	
Section 4 – Equal opportunitie		
We are committed to equal opportunities. Pleas	e tick the box which best describes your ethnicity:	
Asian/Asian British	Mixed/multi ethnic group	White
	Mixed/multi ethnic group White and Black Caribbean (35)	English/Welsh/Scottish/Northern Iris
Asian/Asian British Indian (39) Pakistani (40)	White and Black Caribbean (35) White and Black African (36)	English/Welsh/Scottish/Northern Iris British (31)
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Prior to enrolment were	you in run time education or the			
On the day before your	course starts will you be?			
☐ In paid employment fo	or less than 16 hours per week (1	0) Not in	n paid employment, looking fo	or work and require this cou
☐ In paid employment fo	or between 16-19 hours per week		gain employment (11)	
☐ In paid employment fo	or 20 hours or more per week (10)) Not in	n paid employment, not lookir Ip gain employment (12)	ng for work and require this
		□ Self e		
		□ Jell e	прюуеч	
	efore your course started, how be aged 19 and over on the 31 A			
Up to 3 months	4-6 months	7- 12	months	☐ More than 12 month
If you were unemployed	l before your course started, ha	ow long were you out of wo	rk?	
	be aged 19 and over on the 31 A			
Less 6 months (1)	6-11 months (2)	12-23 months (3)	24-35 months (4)	Over 36 mon
For learners enrolling on a				
	New Deal programme or any	-		
	ding α higher education course		∐ Ye	
Are you a graduate of h	igher education Level 4 or abo	ve?	∐ Ye	es LINo
Does this Apprenticeshi	p required you to learn/develor o will pay my course fe		□ Y a	es No
Does this Apprenticeshi	o will pay my course fe	ees?	□ Ya	es No
Section 7 – Wh	o will pay my course fe	ees?		es 🗌 No
Section 7 — Wh	o will pay my course fe	ees?		es
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Section 9 –	Criminal convicti	U113			
	nspent criminal convicti		Yes No		
You do not have to to reprimands or final v	ell us about any convictio	ns that are spent (as define se all unspent convictions o	ed by the Rehabilitation o	of Offenders Act 1974) , or al r advice about whether conv	
	,				
-			Yes No I'al nature and conviction	s involving unlawful supplyin	ng of or possession
Declaring a conviction aware of could result	on will not necessarily prev t in disciplinary action. Ple	ease note that some of our	courses, such as care, ch	ailure to disclose something Idcare or health studies, requ slation on safeguarding child	uire you to disclose
Section 10	– Tell us about yo	nursolf			
work, voluntary work		taken in a similar subject.) V		y be useful when studying th Ifter you finish this course? W	
Section 11	– How you heard	ahout Westminst	er Kinasway Coll	ege (Westking)	
Section 11	– How you heard	about Westminst	er Kingsway Coll	ege (Westking)	
					d about Westmin
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In order that we m	ight target our publicity	y more effectively, we wo			d αbout Westmin
In order that we m Kingsway College -	ight target our publicity - please tick all that app	y more effectively, we wo			
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Other

Section 12 – Declaration and signature
I hereby agree to abide by the Student Charter and Student Code and the provisions set out in the notes below:
Course advice, guidance and fees
• I confirm that I have completed a pre-entry process with Westminster Kingsway College whereby I received appropriate advice, guidance and support
to help me choose my programme and I understand that after assessment I may also be enrolled on a functional skills course(s).
• I fully understand the entry requirements, fees, suitability and progression opportunities (where applicable)
• I understand and accept that the College reserves the right to close or combine one class with another.
• I accept that where the fee assessment process has determined I pay fees I will pay them or I will provide a formal letter of sponsorship from my employer or other sponsoring organisation. I also acknowledge that if my sponsor does not pay promptly I will be required to settle any outstanding fees.
• I agree that if I am eligible and the College accepts me onto an instalment arrangement I will pay each instalment promptly as it falls due. I also understand that should I withdraw from the course(s) any outstanding payments remain payable and must be paid immediately.
• I acknowledge that I have read the college's refund policy and agree to be bound by it.
Data Protection
• I understand that if I request a letter from the College confirming my status as a student my address may be in the letter.
• I declare that I understand the information I have entered is correct and I understand that this information will be used by WKC staff for enrolment and reporting purposes and that some information requested will be stored on computer.
Contacting you
The Skills Funding Agency (SFA), Education Funding Agency (EFA) and its partners, values your views on the education or training which you receive and will use these to help bring about improvements for learners in England. They may also wish to contact you from time to time about courses or learning opportunities relevant to you.
Please tick the box(es) below if you do not wish to be contacted by the SFA, the EFA or its partners in respect of surveys and research . By post by telephone by email Please tick the box(es) below if you do not wish to be contacted by the SFA, the EFA or its partners about courses or learning opportunities . By post by telephone by email
Further details can be found at: www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm
The data you supply on this form will be used to issue you with a Unique Learner Number (ULN) and share information about your learning. Details of how your data is processed and shared can be found at www.learningrecordsservice.org.uk
I give consent for my details to be shared \square Yes \square No
For Learners who have been given a remission of fees please see below:
I have understood the basis on which I have been given: • Free tuition under the Entry/Level 1; Level 2 or Level 3 offer. I confirm that I do not already have a full level 2, 3 or higher qualification (or the overseas
equivalent).
• Remission of fees because I am in receipt of Job Seekers Allowance or Employment Support Allowance (in the Work Related Activity Group)
• Remission of fees because I am in receipt of an income based benefit (as ticked on page 4 of this form) and I am unemployed, actively looking for work and undertaking this course as a means to enter employment.
By signing this enrolment declaration I am confirming that the information I have provided is correct. I understand that if false information is declared, action may be taken to reclaim the course fees and any associated costs.
Data Protection Act 1998
The information you provide on this form will be passed to the Skills Funding Agency (SFA), Education Funding Agency (EFA). The SFA/EFA is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data. The SFA/EFA will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will enable the Council and its partners to monitor performance, improve quality and plan future provision. If you are under 19 years some information may be passed to Connexions.
All data is stored and processed in accordance with the Data Protection Act.
I do not wish the SFA/EFA or its partners to contact me about my learning experience. 🗌 (Please tick here if you do not wish to be contacted.)

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Signature of applicant:					Date:	
signature or applicant.					Dute.	
Staff name (print):					Date:	
Jean manne (printe).					Date.	

PLEASE NOTE: We require a reference for any applicant aged 16–18.

Please send this completed application form to your school or other appropriate referee (not friend or family). Your application will not be considered until the reference form on page 4 has been completed.

Screen	Ref	FA 🗌	PhotoID	ID type:
				31

WKC use only – ID produce Passport	☐ EU ID Card	☐ Home Office document
Birth Certificate	Photo Driving Licence	Other
ssport number (last 4 digits)	Issue date D D M M	YYY
otes		
the learner in receipt of one of the foll Job Seekers Allowance		uncil tax benefit
Employment Support Allowance		arnteed pension credit
Universal Credits		ousing Benefit
Asylum seeker in receipt of AS/NASS/Sec	tion4 support	come Support
aff name (print):		Date: