



ADULT LEARNER LOAN ENROLMENT FORM

Learner Name:	
Qualification Title & Level:	
Start Date:	
Planned End Date:	
ULN:	
Total Programme Hours:	

This document outlines the programme of learning agreed between Alt Valley and the Learner.

Your personal contact details:

Name:		Tutor Name:	
Address:		Postcode:	
Home Phone:		Mobile Telephone:	
Email Address:			
Date of Birth:		National Insurance No.	
Place of Birth:		Nationality:	
Gender:		What is your preferred method of contact?	

Next of kin/emergency contact details:

Next of Kin Name:		Relationship:	
Address:		Contact number:	

Equality and Diversity

It is our aim to ensure no learner receives less favourable treatment because of their gender, sexual orientation, marital status, disability, age, creed, religion, colour, race, nationality or ethnic origin. In order to assist us to monitor the effectiveness of our Equality and Diversity Policy, please complete the questions below. If you decline to answer section 8 it will not affect your entitlement to participate on our programmes.

Ethnicity (Please ☒ relevant box)

White – English/Welsh/Scottish/N Irish/British		Asian/Asian British – Indian		Other ethnic group - Arab	
White – Irish		Asian/Asian British – Pakistani		Other ethnic group – Any Other	
White – Gypsy or Irish Traveller		Asian/Asian British - Bangladeshi		Prefer not to say	
White – Any other White Background		Asian/Asian British - Chinese		Other	
Mixed – White and Black Caribbean		Asian/Asian British – Any Other Asian			
Mixed – White and Black African		Black/African/Caribbean/Black British – African			
Mixed – White and Asian		Black/African/Caribbean/Black- Caribbean			
Mixed – Any other Mixed /Multiple Ethnic		Black/African/Caribbean/Black – Any Other			

Residency Information

Have you been permanently resident in the UK for the last 3 years?

Yes

No

If NO, in which country do you normally live?

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Are there any immigration restrictions on how long you can stay in the UK?

Yes

No

What date did you enter the UK?

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Medical History

Please give details of any serious illness, operations or any current medical issues/disability or allergies we need to be aware of:

Please give details here. If this doesn't apply then please leave blank or write 'not applicable' (N/A)

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Do you consider yourself to have a disability, health problem, learning difficulty or any other support need?

Yes

No

If you ticked 'Yes' then please tick the appropriate boxes below and provide more information.

DS Codes:		(✓)
4	Visual impairment	
5	Hearing impairment	
6	Disability affecting mobility	
7	Profound complex disabilities	
8	Social and emotional difficulties	
9	Mental health difficulty	
10	Moderate learning difficulty	
11	Severe learning difficulty	
12	Dyslexia	
13	Dyscalculia	
14	Autism spectrum disorder	
15	Asperger's syndrome	
16	Temporary disability after illness (for example post-viral) or accident	
17	Speech, Language and Communication	
93	Other physical disability	
94	Other specific learning difficulty (e.g. Dyspraxia)	
95	Other medical condition (for example epilepsy, asthma, diabetes)	
96	Other learning difficulty	

97	Other disability	
98	Prefer not to say	
More information: 		

Prior Qualifications (please ☒ highest)

No Qualifications

Level 2

Entry Level Qualifications

Level 3

Level 1

Level 4 +

Qualifications or Exam Title:	Date of Achievement:	Result or Grade:

Household Situation – Please tick one or more of the following statements that apply to you:

01. No household member is in employment and the household includes one or more dependent children	<input type="checkbox"/>
02. No household member is in employment and household does not include any dependent children	<input type="checkbox"/>
03. Learner lives in a single adult household with dependent children	<input type="checkbox"/>
04. In care or recent care leaver	
98. I wish to withhold this information	<input type="checkbox"/>
99. None of statements 01, 02 or 03 apply	<input type="checkbox"/>

For unemployed learners. Please tick length of unemployment below:

Codes		(✓)
1	Less than 6 months	
2	6 – 11 months	
3	12 – 23 months	
4	24 – 35 months	
5	36 months or more	

What benefits do you receive please tick relevant box below.

All information is kept strictly confidential:

Codes		(✓)
1	Job Seekers Allowance - (JSA)	
2	Employment Support Allowance - Work Related Activity Group (ESA) (WRAG)	
3	Learner gets another state benefit other than JSA, Universal Credit or ESA – (WRAG)	
4	Universal Credit	
5	Other (please state)	

Job History

Please provide details for all current and previous full/part time employment, voluntary work or work experience.

Date From:	Date To:	Employer/Company Name:	Job Title or Type of Work:

GDPR:

The information you provide on this application form will be stored electronically to assist us with record keeping and for statistical and research purposes. It may be passed to other relevant agencies.

How We Use Your Personal Information

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). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

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

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> About courses or learning opportunities. | <input type="checkbox"/> For surveys and research. | |
| <input type="checkbox"/> By post. | <input type="checkbox"/> By phone. | <input type="checkbox"/> By e-mail. |

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

Unique Learner Number:

If you have not already been issued with your unique learner number, you will be issued with one when you join our programme. Your Unique Learner Number is issued by the Learning Records Service and your data managed by them and is operated by the Education Skills Funding Agency (ESFA) for all learners aged 14 and over.

You can access the Learning Record Service via their website to ensure the information they have about your previous qualifications and your current learning programme is correct. Your Tutor can explain how this works and the advantages to you as you complete this form.

If you have been issued with a Unique Learner Number (ULN) when you were at school, FE college or with another training provider, please record this in the space below:

ULN number (if known)

Learner Eligibility Declaration and Learning Agreement:

- I understand and agree to Alt Valley accessing the Learner Record Service. ☐
- I have received advice and guidance on the choice and suitability of this programme ☐
- I have been told about programme timetable and duration and agree to attend punctually and regularly. ☐
- I have been a legal resident in the UK for over three years and I am able to take paid employment. ☐

Declaration by learner (learner to print name, sign and date the section below).

I confirm that all the information on this registration form is correct and declare that I have correctly identified my prior qualifications, eligibility for this programme and UK government funding, and validated my identity.

Name (print):

Signature:

Date:

Declaration by Alt Valley

I confirm on behalf of Alt Valley that the information on this form is correct and that I have supported the learner in the completion of this document. To the best of my knowledge, the above named learner is eligible to enter the specified programme. I have seen evidence to support the residency criteria (where applicable).

Signature:

Position:

Date:

ELIGIBILITY

You must be 19 or older on the first day of your course. Your course must be a [Level 3, 4, 5 or 6 qualification](#), at an approved college or training provider in England, you must be living in the UK on the first day of your course, be a UK national or Irish citizen or have 'settled status' (no restrictions on how long you can stay), have been living in the UK, British overseas territories, the Channel Islands or the Isle of Man for 3 years in a row before the first day of your course (apart from temporary absences such as holidays).

Eligibility evidence confirmed:

Tutor/admin - please tick relevant box below and record the type of evidence seen.

Examples of the type of evidence accepted can be found on the last page.

ID evidence (e.g. DWP letter, Passport)- please note reference number, valid from and valid to where possible

Description	✓	Evidence
Legally resident in UK		
Age		

Evidence Seen By: (print name) **Role:**

Signed: **Date:**

Additional information

Please provide any other information you feel we should know about, any details of any additional learning needs, you may have and not already mentioned or any support you feel you may need from us?

For example, did you receive any extra help whilst at school/college or have support whilst taking exams? If so, please provide details below. All information is treated in strictest confidence and is to help you achieve and progress in your chosen area.

Examples of sources of Evidence to demonstrate eligibility	Eligibility requirement			
	Legal right to live in UK & work in an EU member state	Employment Status (unemployed, inactive)	Home address	No of criteria covered
Document				
Written confirmation of eligibility with referral from DWP/Jobcentre Plus / Careers Service / Local Authority.	1	1	1	3
DWP/Job Centre Plus benefits decision notification letter - new claims award / decision or change of circumstances decision letter (with NI Number)	1	1	1	3
EU/UK Passport	1			1
Non EU Passport with either: "Indefinite leave to remain" endorsement or work / residence permit or visa stamp	1			1
ID card issued by Home Office confirming right to stay, work or study in UK	1			1
EU/UK Birth/Adoption certificate	1			1
Full Driving Licence			1	1
NI number on Government Letter	1		1	2
NI Card	1			1
Letter from UK Immigration granting indefinite leave to remain	1			1
Residency Permit	1			1
Marriage/civil partnership certificate (if partner has legal right to live in the UK and this can be evidenced)	1			1
Where an individual is NOT engaged with DWP: written Confirmation from a relevant third party that has been assisting the individual and so as an understanding of their current circumstances (for example, NGO, voluntary organisation charity, third sector / not for profit organisation, social services or other professional providing support and guidance etc.)		1		1
Letter / confirmation from home owner (Parents/ carers/ landlord)			1	1
Recent Statement from bank / building society / credit union (dated within 3 months)			1	1
Evidence of registration on electoral roll			1	1
Recent utility bill or council tax demand / correspondence Tenancy agreement documents			1	1
Mortgage Statement / correspondence			1	1
HMRC correspondence			1	1
Rent Card / Statement			1	1
Solicitors correspondence			1	1
Any other credible letter sent to participant at home address			1	1