

Part-Time Application Form **Route C** Teacher Training Courses only



Student Reference (if known) Unique Learner Number - ULN - if known

Title Mr Mrs Miss Ms Other Male Female

Last Name

First Name

Date of Birth Date Month Year Age at 31/08/12

National Insurance Number (only required if in receipt of ESA or JSA)

House Number and Road

Town

County and Postcode

Phone Number (Daytime)

Phone Number (Evening)

Mobile Phone Number

Email Address

Car Registration

Nationality

Normal Country of Residence

Have you lived outside the UK or EU in the last three years? Yes No

If yes, please state your date of entry into the UK Date Month Year

Emergency Contact Name

Emergency Contact Number

Relationship to Learner

Do you require emergency medication? Yes No

How did you find out about us?

Leaflet Employer Roadside Banner Existing Student Website
 Newspaper/Ad Course List Recommendation Job Centre Careers Advisor

List the course/s you are enrolling for

Course Title	Enrolment Code	Actual Start Date	Resit?
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Staff Use only Section

Age 16-18 at the start of the programme Income-related Employment and Support Allowance (ESA) You will need to provide an original income award statement (all pages) from the job centre to prove your eligibility for claiming concession fees. This statement needs to be no longer than 3 months from date of issue.

Age 19-23 on L1 progressing to FL2 Job Seekers Allowance (JSA) Our fees office will need to take a photocopy of this document for College records.

Age 19-23 – First Full Level 2 Unemployed and on means tested benefits

Age 19-24 – First Full Level 3

Adult Basic Literacy/Numeracy or GCSE Maths/English

Data Input Signature 2nd Pass Signature

Your ethnic group – Please tick box where appropriate so that we can ensure that we are treating all students fairly

White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
English / Welsh / <input type="checkbox"/> 31 Scottish / Northern Irish	White and Black Caribbean <input type="checkbox"/> 35 White and Black African <input type="checkbox"/> 36 White and Asian <input type="checkbox"/> 37 Any Other Mixed / multiple ethnic background <input type="checkbox"/> 38	Indian <input type="checkbox"/> 39 Pakistani <input type="checkbox"/> 40 Bangladeshi <input type="checkbox"/> 41 Chinese <input type="checkbox"/> 42 Other Asian background <input type="checkbox"/> 43	African <input type="checkbox"/> 44 Caribbean <input type="checkbox"/> 45 Any other black / African Caribbean background <input type="checkbox"/> 46	Arab <input type="checkbox"/> 47 Any other ethnic <input type="checkbox"/> 98 Not provided <input type="checkbox"/> 99
Irish <input type="checkbox"/> 32 Gypsy or Irish Traveller <input type="checkbox"/> 33 Other White background <input type="checkbox"/> 34				

Your Health – Please tick if you have any of the following conditions

No Disability <input type="checkbox"/> 98	Asthma <input type="checkbox"/> 05A	Profound Complex Disabilities <input type="checkbox"/> 09
Visual Impairment <input type="checkbox"/> 01	Diabetes <input type="checkbox"/> 05B	Aspergers Syndrome <input type="checkbox"/> 10
Hearing Impairment <input type="checkbox"/> 02	Epilepsy <input type="checkbox"/> 05C	Multiple Disabilities <input type="checkbox"/> 90
Disability Affecting Mobility <input type="checkbox"/> 03	Emotional/Behavioural Difficulties <input type="checkbox"/> 06	Other <input type="checkbox"/> 97
Other Physical Disability <input type="checkbox"/> 04	Mental Ill Health <input type="checkbox"/> 07	Not Known/Not Provided <input type="checkbox"/> 99
Other Medical Condition <input type="checkbox"/> 05	Temporary Disability after Accident/illness <input type="checkbox"/> 08	

Learning Difficulties – Do you need help with any of the following?

Maths <input type="checkbox"/> A	No Learning Difficulties <input type="checkbox"/> 98	Other Specific Learning Difficulties <input type="checkbox"/> 19
Reading <input type="checkbox"/> B	Moderate Learning Difficulties <input type="checkbox"/> 01	Multiple Learning Difficulties <input type="checkbox"/> 90
Writing <input type="checkbox"/> C	Severe Learning Difficulties <input type="checkbox"/> 02	Autistic Spectrum <input type="checkbox"/> 20
Spelling <input type="checkbox"/> D	Dyslexia <input type="checkbox"/> 10	Other <input type="checkbox"/> 97
Study Skills <input type="checkbox"/> E	Dyscalculia (Numeracy) <input type="checkbox"/> 11	Not Known/Not Provided <input type="checkbox"/> 99

Are you Registered Disabled? Yes No Do you have a section 139A or Section 140 Learning Difficulty Assessment Yes No

Payment Details

I am paying the full fee for the course

My Employer/Sponsor/LEA is paying the full fee

I am an overseas student paying the overseas rate

I intend to pay my fees by
cheque cash debit/credit card

FOR SECURITY REASONS, PLEASE DO NOT COMPLETE THIS SECTION UNTIL POINT OF ENROLMENT

I wish to pay by card. Please debit my Visa/Mastercard/Maestro Card

Card Number:

Card Expiry Date: / Issue Number: Security Number:

Send to: Epping Forest College, Postal Enrolment, Borders Lane
Loughton, Essex IG10 3SA

Employer/Sponsor – Only complete this section if your fees are being paid by a sponsor or employer. You should attach a letter from your employer on headed paper to confirm sponsorship and invoice details.

Employer/Sponsor Name

Employer Tel Number

Fees Due

Programme Fee £

+ Other (Please state) £

Signature of student who is applying

This is to certify that the information I have provided is to the best of my knowledge correct. I understand that I am subject to the College Regulations and that the fees are payable by the due dates.

Student Signature

Date

Signature on Behalf of College

Date

Data Protection Statement

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:

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

<http://www.learningrecordservice.org.uk/documentlibrary/>

Please tick as appropriate:

I am not willing to receive text messages about my course.

I am not willing to receive marketing information from the College.

I am not willing for any photograph to be taken for marketing purposes.

I do not wish to be contacted by EFA/SFA or its partners for survey and research purposes.

I do not wish to be contacted by EFA/SFA or its partners about courses or learning opportunities.

I do not wish to be contacted by Post Telephone Email by EFA/SFA or its partners.

