

INFORMATION FOR CUSTOMERS

If you would like any part of this document explained, translated or provided in another format such as large print, audio or Braille, please contact Advice and Admissions on 0800 612 6008. Please note our website has accessibility functions, allowing you to adjust the size of the text and colour of the background.

OFFICE USE: Student ID no:

1. PERSONAL DETAILS Please complete all of the unshaded sections in BLOCK CAPITALS and BLACK INK

Please enter your name as you wish it to appear on your exam certificate		Telephone	<input type="text"/>
Title: Mr/Mrs/Miss/Ms/Mx/Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile	<input type="text"/>
(Delete as applicable)		Email	<input type="text"/>
Family name	<input type="text"/>	(Please note: we may on occasions contact you by text)	
First name(s)	<input type="text"/>	Emergency contact	
Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Age on 31 August 2018 <input type="text"/> <input type="text"/>	(if you are under 18 years of age, please give parent/guardian details)	
Home address	<input type="text"/>	Name	<input type="text"/>
<input type="text"/>	<input type="text"/>	Relationship	<input type="text"/>
<input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Telephone	<input type="text"/>
Previous postcode if at above address for less than 3 years: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Mobile	<input type="text"/>
Nationality: <input type="text"/>		Email	<input type="text"/>

2. YOUR CHOICE OF PROGRAMME

Programme/Course code	Instance	Programme/Course title	Start date	Expected end date
		Add5 - A voluntary £5 contribution which goes into teaching, learning and enhancing students' educational experience. To opt in, please tick here <input type="checkbox"/>		Checked by: <input type="text"/>

Delivery postcode for offsite courses: Course code: Postcode:

3. EQUALITY AND DIVERSITY We are committed to equality and diversity. To help us monitor our policy, please complete the following:

<h3>Ethnicity</h3> <p>White</p> <p>31 <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British</p> <p>32 <input type="checkbox"/> Irish</p> <p>33 <input type="checkbox"/> Gypsy or Irish traveller</p> <p>34 <input type="checkbox"/> Any other white background</p> <p>Mixed / Multiple ethnic group</p> <p>35 <input type="checkbox"/> White and black Caribbean</p> <p>36 <input type="checkbox"/> White and black African</p> <p>37 <input type="checkbox"/> White and Asian</p> <p>38 <input type="checkbox"/> Any other mixed / Multiple ethnic background</p> <p>Asian / Asian British</p> <p>39 <input type="checkbox"/> Indian</p> <p>40 <input type="checkbox"/> Pakistani</p> <p>41 <input type="checkbox"/> Bangladeshi</p> <p>42 <input type="checkbox"/> Chinese</p> <p>43 <input type="checkbox"/> Any other Asian background</p> <p>Black / African / Caribbean / Black British</p> <p>44 <input type="checkbox"/> African</p> <p>45 <input type="checkbox"/> Caribbean</p> <p>46 <input type="checkbox"/> Any other black / African / Caribbean background</p> <p>Other</p> <p>47 <input type="checkbox"/> Arab</p> <p>98 <input type="checkbox"/> Any other ethnic group</p>	<h3>Disabilities/learning difficulties</h3> <p>The information you supply here will be used to identify any support needs and will be kept confidential.</p> <p>If you would prefer to discuss your support needs in private, please tick here <input type="checkbox"/> and a member of our support team will contact you. Alternatively, please mark the box(es) which describes your disability/learning difficulty.</p> <table border="0"> <tr> <td><input type="checkbox"/> No disabilities/learning difficulties</td> <td>15 <input type="checkbox"/> Asperger syndrome</td> </tr> <tr> <td>98 <input type="checkbox"/> Prefer not to say</td> <td>97 <input type="checkbox"/> Other disability (please state)</td> </tr> <tr> <td>4 <input type="checkbox"/> Visual impairment</td> <td>_____</td> </tr> <tr> <td>5 <input type="checkbox"/> Hearing impairment</td> <td></td> </tr> <tr> <td>6 <input type="checkbox"/> Disability affecting mobility</td> <td>17 <input type="checkbox"/> Speech, language and communication needs</td> </tr> <tr> <td>93 <input type="checkbox"/> Other physical disability</td> <td>10 <input type="checkbox"/> Moderate learning difficulty</td> </tr> <tr> <td>95 <input type="checkbox"/> Other medical condition, eg epilepsy, asthma</td> <td>11 <input type="checkbox"/> Severe learning difficulty</td> </tr> <tr> <td>8 <input type="checkbox"/> Social and emotional difficulties</td> <td>12 <input type="checkbox"/> Dyslexia</td> </tr> <tr> <td>9 <input type="checkbox"/> Mental health difficulty</td> <td>13 <input type="checkbox"/> Dyscalculia</td> </tr> <tr> <td>16 <input type="checkbox"/> Temporary disability after illness or accident</td> <td>94 <input type="checkbox"/> Other specific learning difficulty</td> </tr> <tr> <td>7 <input type="checkbox"/> Profound complex disabilities</td> <td>14 <input type="checkbox"/> Autistic spectrum disorder</td> </tr> <tr> <td></td> <td>96 <input type="checkbox"/> Other learning disabilities</td> </tr> </table> <p>Please indicate which number you consider to be your main disability _____</p> <p>Do you have an Education, Health and Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="checkbox"/> No disabilities/learning difficulties	15 <input type="checkbox"/> Asperger syndrome	98 <input type="checkbox"/> Prefer not to say	97 <input type="checkbox"/> Other disability (please state)	4 <input type="checkbox"/> Visual impairment	_____	5 <input type="checkbox"/> Hearing impairment		6 <input type="checkbox"/> Disability affecting mobility	17 <input type="checkbox"/> Speech, language and communication needs	93 <input type="checkbox"/> Other physical disability	10 <input type="checkbox"/> Moderate learning difficulty	95 <input type="checkbox"/> Other medical condition, eg epilepsy, asthma	11 <input type="checkbox"/> Severe learning difficulty	8 <input type="checkbox"/> Social and emotional difficulties	12 <input type="checkbox"/> Dyslexia	9 <input type="checkbox"/> Mental health difficulty	13 <input type="checkbox"/> Dyscalculia	16 <input type="checkbox"/> Temporary disability after illness or accident	94 <input type="checkbox"/> Other specific learning difficulty	7 <input type="checkbox"/> Profound complex disabilities	14 <input type="checkbox"/> Autistic spectrum disorder		96 <input type="checkbox"/> Other learning disabilities
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4. EMPLOYMENT DETAILS To be completed by all students

Please tick the box which best describes your employment status: Employed (move to Section A) Self-employed (move to Section A)
 Unemployed/Not employed (move to Section B) In full-time education (move to Section B)

Section A Are you employed 0-10 hours per week 11-20 hours per week 21-30 hours per week 31+ hours per week

Section B – please tick all that apply Are you: Looking for work/Available to start work Not looking for work/Not available to start work
How long have you been unemployed? 0-5 months 6-11 months 12-23 months 24-35 months 36 months or over
Are you in receipt of any of the following benefits? Job Seekers Allowance Employment Support Allowance (Work Related Activity Group)
 Universal Credit Other (please specify) _____

5. FEES You can pay by debit or credit card, by cheque (made payable to Activate Learning), or in cash if paying in person. If you want to pay in instalments, speak to an advisor about our instalment scheme.

Please indicate who will be paying your fees: Student Employer (please provide authorisation on company headed paper)

6. LEARNING AGREEMENT

Criminal convictions This question MUST be completed

Do you have any criminal convictions? Yes No You must tick yes if you have any unspent criminal convictions (as defined by the Rehabilitation of Offenders Act 1974). Offences attracting sentences of 30 months imprisonment or more are never spent and therefore must always be declared. If you are enrolling on a programme involving teaching, health or social work which requires working with children or vulnerable adults, you have a separate additional obligation to tell us about any criminal convictions, including spent convictions, verbal cautions and bind-over orders. If you have been convicted of a criminal offence after you have enrolled you MUST tell us immediately.

How we use your personal information

Activate Learning group will collect the following personal data under GDPR Article 6b (Contract), 6c (Legal Obligation), 6e (Public Task) and 9j (Statistical Purposes) in order to meet our legal obligations with the Education and Skills Funding Agency and Office for Students and in order for us to carry out our public task to provide education and training.

We need to process data so we can provide you with the highest standards of education and training we are able to give, and to meet legal obligations from government organisations. We will use your data to:

Support learning, monitor and report on progress, provide appropriate pastoral care, assess the quality of our services, comply with the law regarding data sharing, keep you safe, comply with our contractual obligations, and keep you informed about issues affecting and related to your studies.

Contact details will not be used for marketing or survey purposes without your consent, which can be withdrawn at any time. However, the college will use the contact information to contact you in order to carry out our duties to you, for example to notify you of a change of course date, and also to obtain data where legally required, such as destination surveys. Activate Learning will use the marketing consent boxes used in the ESFA privacy notice below to gather your consent to receive Activate Learning marketing material.

We collect emergency contact details for those under GDPR Article 6c (legal obligation). We will inform third parties that we hold their information.

A copy of our full privacy notice is available on our website www.activatelearning.ac.uk/privacy-and-cookies or from Advice and Admissions.

ESFA Privacy notice

This privacy notice is issued by the Education and Skills Funding Agency, 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 Apprenticeship, 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 used for education, training, employment and well-being related purposes, including research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only 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 the following boxes: About courses and learning opportunities For surveys and research
 By marketing about other services provided by Activate Learning. Details of how we will use and look after your data if you agree to receive marketing information from us can be found in the Activate Learning Marketing Privacy Policy which is available at www.activatelearning.ac.uk/privacy-and-cookies or from Advice and Admissions.

You can agree to be contacted by these methods: By post By phone By email

For further information about use 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: www.gov.uk/government/publications/esfa-privacy-notice

Fees

- I accept the responsibility for the payment of any fees due and understand that if I am paying by instalments, I must meet the instalment plan. I am aware that fees are non-refundable unless otherwise stated. A full copy of the fees policy can be obtained from our website.
- I understand that if my programme is sponsored, my employer and/or training agent (upon request) can be given details of my attendance and progress.

Insurance and the group's liability

I shall insure my personal belongings before starting on the programme. I accept that the group property does not accept responsibility, and expressly excludes liability for:

- any loss or damage to my property, including damage to any motor vehicle or cycle, while on group property, my employer's and/or training agent's premises, unless caused by the negligence of the group or its employees;
- death or any personal injury suffered by me, unless caused by the negligence of the group or its employees.

Although the group will try to ensure that computer equipment and software made available for my use has reasonable security and anti-virus facilities and protections, my use of such computer equipment and any software provided by the group shall be at my own risk. The group shall not be liable for loss or damage I suffer as a result of the use of any computer equipment or software provided or made available by the group, including any contamination of software or loss of files.

Declaration: I am satisfied that I fully understand the entry and programme requirements and have received assessment and guidance to assist in my choice of programme.

Learner signature: _____

Date: / /

Staff name: _____

Signature: _____ Date: / /

For staff use only

Identification checked by: _____ Passport Visa/National ID card Birth certificate Driving licence NI card/letter

Other: _____