

APPLICATION / ENROLMENT FORM

Please complete clearly in **BLOCK CAPITALS** or tick the relevant boxes.
NEWTEC staff will be pleased to help with any queries.

2017/18

(Office use only):
For name/ contact changes –
add new details at foot of page.

(Mainly for Young Learners aged 16-18)

NEWTEC Reference:

ULN No.:

1. Your details

First Name(s)

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Last Name

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NI Number

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Sex

<input type="checkbox"/> F	<input type="checkbox"/> M
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Title (Mr, Ms etc)

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Age

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Date of Birth

D	D	M	M	Y	Y	Y	Y													

Address and Post Code (at enrolment)

E-mail:																				

Telephone (main)

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Telephone (alternative)

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Details of next of kin (usually a parent/ guardian) who can be contacted in an emergency:

Relationship to you:

Title:

First Name:

Last Name:

Address and Postcode:

Telephone:

2. Your Course Application

Title of your Course/ Programme:

Intended Start: (Month/ Year)

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How did you hear about the course? Please tick any relevant boxes:

<input type="checkbox"/>
<input type="checkbox"/>

Word of Mouth (e.g. friend/ family)

Leaflet (please say where)

<input type="checkbox"/>
<input type="checkbox"/>

NEWTEC contact

Internet (please say which site)

<input type="checkbox"/>
<input type="checkbox"/>

Jobcentre /Career Advisor

Other (please specify)

For a resit of an earlier course,
please give start Month & Year:

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Reason for resit:

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What was the last course you
attended at NEWTEC (if any):

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Are you currently studying at another
College/ Institution?

Yes No

If yes, where &
what Course?

3. Residency Status

(NEWTEC staff will confirm eligibility; documentary evidence may be required)

Which Borough/ County do you
live in at present?

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How long have you lived at the above
address?

Yrs Months

If not, which country was your main
residence in the last 3 yrs?

Which country do you regard as
your 'home' residence?

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Please give date of
entry/ re-entry to the UK:

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Please tick the box which best describes your status in the UK:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

EU national

EEA migrant worker

Leave to Remain (ELE/ELR)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Humanitarian Protection

Discretionary Leave

Asylum seeker

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

UK born (please go to section 4)

Refugee

Other UK (please describe):



(Office Use for details of any changes – eg.
name, address, postcode, telephone etc.)

New Postcode:

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Other changes:

(Office use for eligibility check etc.)

Age on 31/08/17: ____ Age on 31/08/18: ____

Notes (Initial/Date):

RESCODE: ____ DOM (L24): ____

Evidence seen:

4. Employment Status

Please tick or complete any of the relevant boxes below:

<input type="checkbox"/> (10) Full time paid employment	<input type="checkbox"/> (10) Part time paid employment	<input type="checkbox"/> (40) Self-employed
<input type="checkbox"/> (20) Apprentice (paid)	<input type="checkbox"/> (30) Paid Agency/ Temp	<input type="checkbox"/> (51) Voluntary worker (unpaid)
<input type="checkbox"/> (11) Unemployed; seeking work	<input type="checkbox"/> (11) Just left a job/ changing jobs	<input type="checkbox"/> (61) Unpaid work placement
<input type="checkbox"/> (12) Unemployed; <u>not</u> seeking work	<input type="checkbox"/> (82) Full time education/ training	<input type="checkbox"/> (92) Just left School or College
<input type="checkbox"/> (72) Retired, (<u>not</u> seeking work)	<input type="checkbox"/> Other (please specify): _____	

5. Current Employment

Please tick or complete the relevant boxes below:

(If you are NOT currently in any employment (paid or voluntary unpaid), please go to **Section 6**)

Employer (Full Name/ Organisation):	Job Type/ Title:	Start Date (Year & month):	Hrs/week:	
Employer Postcode:	Employer Telephone:	Do you permit NEWTEC to contact this employer?	Yes	No

Employment sector:

<input type="checkbox"/> Childcare
<input type="checkbox"/> Health & Social Care
<input type="checkbox"/> Customer Services/ Admin.
<input type="checkbox"/> Retail
<input type="checkbox"/> Other (please describe in full): _____

Employer's type and size:

<input type="checkbox"/> Micro SME (1-9 employees)
<input type="checkbox"/> Small SME (10-49 employees)
<input type="checkbox"/> Medium SME (50-249 employees)
<input type="checkbox"/> Large organisation (250+)
<input type="checkbox"/> Public sector (Any size)

Security of your position:

<input type="checkbox"/> In secure employment
<input type="checkbox"/> Threatened with redundancy
<input type="checkbox"/> Temporary
<input type="checkbox"/> Other (please specify): _____

Is your employment relevant to your learning aim?

(9) No	Yes
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If yes, which of the following applies:

<input type="checkbox"/> (01) Your employer will release you for learning (classes or assessment) during working hours
<input type="checkbox"/> (02) Your employer will NOT release you for learning during work hours (so it will be in your own time)
<input type="checkbox"/> (03) The course has been specifically arranged by your employer for a group of their staff
<input type="checkbox"/> Other (please specify): _____

Do you expect your employment to change before you start the course?

No	Yes
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6. Unemployment

Please tick or complete any of the relevant boxes below:

Have you ever had paid employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was this in the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was it more than 16 hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous Employer (Organisation)	Job Type/ Title	Paid or Self Employed	Dates (From & To)

How long have you been unemployed?	<input type="checkbox"/> Yrs / <input type="checkbox"/> Months	Are you unemployed by redundancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you actively seeking work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Benefit Status

(NOTE: Evidence is required to confirm eligibility for Bursary, Free Meals, etc)

Do you (or your spouse or parents) receive an <u>income-based</u> benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you (or they) been receiving this benefit?	<input type="checkbox"/> Years <input type="checkbox"/> Months
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If yes, please tick the relevant type of 'Active' or other benefits below:

<input type="checkbox"/> Job Seekers Allowance	<input type="checkbox"/> Employment Support Allowance (Work Related Activity Group only)
<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Asylum Seeker - equivalent of income-based benefit, or Home office claim pending <u>more than</u> 6 months
<input type="checkbox"/> Any other benefit type: _____	<input type="checkbox"/> Asylum Seeker – (Home Office claim pending <u>less than</u> 6 months)

<input type="checkbox"/> For an unwaged spouse/ dependant – name of the benefit recipient is: _____
Benefit received: _____ Your relationship to them is: _____

First Name(s)

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Last Name

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8. Childcare & Household

Please tick any box that applies to your household & childcare:

<input type="checkbox"/>	Household has children under 5	<input type="checkbox"/>	Household has children aged 5 to 18	<input type="checkbox"/>	I will need childcare in the day (eg. crèche, childminder)
<input type="checkbox"/>	(3) Household has only one single parent adult (over 18)	<input type="checkbox"/>	(99) Household has at least one member in employment	<input type="checkbox"/>	(1 or 2) Household has no members in employment

9. Disadvantage Factors

(Reasons for interrupted education) Please tick any relevant box:

<input type="checkbox"/>	(29) You live in a residential centre, hostel, or B&B	<input type="checkbox"/>	(30) You are/were a full time carer for a dependent relative	<input type="checkbox"/>	(25) Your statutory education was interrupted
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10. Previous Training

Please complete all sections a), b) and c) as fully as possible:

Note that documentary evidence will be required before acceptance onto any course

a) Please provide full information about previous Maths or English qualifications gained:

Note: This information is an important condition of EFA funding for 2016/17

Did you have the opportunity to study for Maths or English GCSE?

If so:

Did you achieve the GCSE? Please state achievement Date:

Please indicate if this achievement was in Year 11 or after:

What Grade was the achievement:

If no GCSE:

Please describe any Functional Skills you may have studied for:

Maths GCSE:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (please give reason below:)

No	Yes	Month/ Year
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<input type="checkbox"/>	By the end of Year 11
<input type="checkbox"/>	Since the end of Year 11
	Grade: _____

Maths Functional Skills:

Level	Pass or not?
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English GCSE:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (please give reason below:)

No	Yes	Month/ year
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<input type="checkbox"/>	By the end of year 11
<input type="checkbox"/>	Since the end of year 11
	Grade: _____

English Functional Skills:

Level	Pass or not
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b) Please tick the box that best describes the highest level of other previous qualifications gained:

Notes: (Use code 01 if a level 2 does not count as a Full L2) (Use code 01/ 02 if a level 3 does not count as a Full L3)

<input type="checkbox"/>	(99) No previous qualifications	<input type="checkbox"/>	(10) Level 4 (or degree; teaching; nursing etc. – <u>UK only</u>)
<input type="checkbox"/>	(09) Entry Level	<input type="checkbox"/>	(11) Level 5 - (<u>UK only</u>)
<input type="checkbox"/>	(07) Other qualifications below Level 1	<input type="checkbox"/>	(12) Level 6 - (<u>UK only</u>)
<input type="checkbox"/>	(01) Level 1 (or 1-4 GCSEs/ CSEs; City & Guilds 1)	<input type="checkbox"/>	(13) Level 7 and above- (<u>UK only</u>)
<input type="checkbox"/>	(02) Full Level 2 (or 5+ GCSEs; 1 A level; C&G 2)	<input type="checkbox"/>	(97) Overseas or Other (please specify):
<input type="checkbox"/>	(03) Full Level 3 (or 2 or more A levels; C&G 3)		

c) Please describe the main qualifications gained (at school or after) following the example below:

Place	Year(s)	Subject(s)	Exam Level	Exam Board	Grade
<i>Eg. City College</i>	<i>2012-2013</i>	<i>Business Administration</i>	<i>NVQ2</i>	<i>City & Guilds</i>	<i>Pass</i>

11. Future Aims

Please write your main reason for wanting to do this course:

12a. Learning Support

Please tick any relevant box for help you may need:

<input type="checkbox"/> Help with English language: First language: _____	<input type="checkbox"/> (10N) Help with numbers	<input type="checkbox"/> (94) Other <u>Specific</u> Difficulty: _____
<input type="checkbox"/> (10L) Help to read or write	<input type="checkbox"/> (13) Help with dyscalculia	<input type="checkbox"/> (96) Other (please specify below): _____
<input type="checkbox"/> (12) Help with dyslexia	<input type="checkbox"/> (11) Severe learning difficulty	<input type="checkbox"/> No help needed
<input type="checkbox"/> (17) Speech, language and communication needs	<input type="checkbox"/> (14) Autism spectrum disorder	

12b. Disability/ Health:

Please tick any box relevant to a physical disability or health need

Disability Discrimination Act (DDA) 1995 - The DDA protects people from unlawful discrimination. If you tell us that you have a learning difficulty or disability that has a substantial or long-term adverse affect on your ability to carry out normal day-to-day activities, we will make reasonable adjustments to your learning environment.

<input type="checkbox"/> (98) Prefer not to say	<input type="checkbox"/> (04) Visual impairment	<input type="checkbox"/> (08) Social/ Emotional difficulties
	<input type="checkbox"/> (05) Hearing impairment	<input type="checkbox"/> (09) Mental Health difficulty
	<input type="checkbox"/> (06) Mobility impairment	<input type="checkbox"/> (15) Asperger's syndrome
	<input type="checkbox"/> (93) Other physical disability	<input type="checkbox"/> (07) Profound Complex
	<input type="checkbox"/> (95) Other medical condition (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> (97) Other (please specify below): _____
	<input type="checkbox"/> (16) Temporary disability (after illness or accident)	<input type="checkbox"/> No disability/ health issues

13. Primary Need (in 12a/12b):

(Please note that NEWTEC may require evidence such as a doctor's letter)

Important – if you ticked more than one item in 12a or 12b, please write below which one is **your primary support or health need**:

For a disability, please also note any **support measure** required:

14. Ethnicity

Please tick the box which best represents your ethnic group:

<input type="checkbox"/> (44) African	<input type="checkbox"/> (39) Indian	<input type="checkbox"/> (99) Prefer not to say
<input type="checkbox"/> (45) Caribbean	<input type="checkbox"/> (40) Pakistani	<input type="checkbox"/> (31) White – British (any UK)
<input type="checkbox"/> (46) Other Black/African/ Caribbean background	<input type="checkbox"/> (41) Bangladeshi	<input type="checkbox"/> (32) White - Irish
	<input type="checkbox"/> (42) Chinese	<input type="checkbox"/> (33) Gypsy or Irish Traveller
	<input type="checkbox"/> (43) Other Asian background	<input type="checkbox"/> (34) Other White background
<input type="checkbox"/> (36) Black African/ White	<input type="checkbox"/> (37) Mixed Asian/ White	<input type="checkbox"/> (47) Arab
<input type="checkbox"/> (35) Caribbean/ White	<input type="checkbox"/> (38) Other Mixed	<input type="checkbox"/> (98) Other:

15. Declarations

- I accept and agree to abide by NEWTEC's policies and procedures.
- I understand and accept that NEWTEC reserves the right to close a class or combine one class with another.
- I accept my responsibility to inform NEWTEC of any changes (eg. contact, employment or status details) while I am a learner.
- I declare the information given is correct.
- I authorise NEWTEC to obtain my Unique Learner Number from the Skills Funding Agency (see below)

Data Protection Act 1998 – Privacy Notice: How we use your personal information: The personal information you provide is passed to the Skills Funding Agency and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet 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). The information you provide may be shared with other organisations for education, training, employment and well-being-related purposes, including for research.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at <https://www.gov.uk/government/publications/sfa-privacy-notice>.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone into further training or education. You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme. You can opt out of contact for other purposes by **ticking any of the following boxes if you do not wish to be contacted**:

<input type="checkbox"/> By post (PMC-1)	<input type="checkbox"/> About courses or learning opportunities (RUI-1)	<input type="checkbox"/>
<input type="checkbox"/> By telephone (PMC-2)	<input type="checkbox"/> For surveys and research (RUI-2)	<input type="checkbox"/> Office use
<input type="checkbox"/> By e-mail (PMC-3)		<input type="checkbox"/> No contact at all (RUI-4)
		<input type="checkbox"/> No contact at all (RUI-5)

Signature..... Date.....

Please return to NEWTEC, 1 Mark Street, Stratford E15 4GY

Tel: 020 8519 5843

Fax: 020 8519 6755