Wandsworth Borough Council – Adult and Community Learning

Professional Centre, Franciscan Road, London SW17 8HE

Family Learning Enrolment Form 2011/12

Organisation:	Course Name:
Date of first class you attended/are attending: / /	Course No:

Adult Learner Details

1.Title	2. First Name:	3. Surname:

4. Address:

Post code:

5. Telephone:

6. Email Address:

7. Gender: ☐ Female ☐ Male

8. Date of Birth: / /

It is important that we know your age so that we can ensure our courses and services are reaching all age groups.

9. Please tick one box which you feel best describes your Ethnic Origin:

This information will help us to ensure that our courses and services are reaching all groups in the community.

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any Other White Background

Mixed / Multi Ethnic Background

- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Any Other Mixed/Muti Ethnic Background

Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any Other Asian Background

Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any Other Black/African/Caribbean Background

Other Ethnic Group

- ☐ Arab
- ☐ Any Other Ethnic Group

10. Do you consider yourself to have a disability or learning difficulty?

☐ Yes — Go to Question 10b

☐ No — Go to Question 11

10b. Additional Support. We offer a range of additional support facilities. To help us help you, please let us know if you have a disability or learning difficulty such as dyslexia, hearing or visual impairment, mental health difficulty, epilepsy, ME, or are a wheelchair user etc.

Tell us how we can help:

Or: Please contact me in confidence to discuss my requirements ☐

11. At no time will your personal information be passed to organisation for marketing or sales purposes. From time to time students are approached to take part in surveys or with future learning opportunities. Please tick the appropriate box if you do not wish to be contacted:

I do not wish to be contacted (telephone, email, post) about future learning opportunities: ☐

I do not wish to be contacted (telephone, email, post) for surveys or research: ☐

PLEASE TURN OVER AND CONTINUE ON THE OTHER SIDE... ➡

(...CONTINUED FROM OTHER SIDE)

12. Do you have any formal qualifications? ☐ Yes ☐ No (please move to question 13)

Please indicate the highest qualification that you have:

- ☐ Degree or Higher Degree, HNC, HND, NVQ Level 4
- ☐ 2+ A Levels (or equivalent), AVCE, Higher School Certificate, NVQ Level 3, Advanced GNVQ
- ☐ 5+ GCSEs (A-C), 5+ O Levels (or equivalent), School Certifiacte, NVQ Level 2,
- ☐ 5+ GCSEs (D-G), Certificate in Adult Literacy/Numeracy/ESOL at Level 1, Skills for Life at Level 1, NVQ Level 1
- ☐ Certificate in Adult Literacy/ Numeracy/ ESOL at Entry Level, Skills for Life at Entry Level
- ☐ Other

(Please describe the qualification and the level achieved)

13. Have you attended any education or training programmes since leaving full time education?

☐ Within the past 3 years ☐ More than 3 years ago / Never

14. Please tick one box which best describes your Employment Status:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-employed/small busines
- ☐ Unemployed (seeking work)
- ☐ Not working (not seeking work)
- ☐ Retired
- ☐ Full-time Student
- ☐ Other (please specify):

15. How did you find out about this course?

- ☐ Workplace
- ☐ Community Group
- ☐ Friend/Family
- ☐ Newspaper
- ☐ Internet
- ☐ Library
- ☐ Learning Centre
- ☐ Event
- ☐ School
- ☐ Brochure/Leaflet
- ☐ Other (please specify):

16. Please enter the number of children you will bring with you to these sessions:

Pre Nursery ☐ **Nursery** ☐

Primary ☐ **Secondary** ☐

17. Are you willing for us to take and use photographs of you and your children for publicity?

☐ **Yes** ☐ **No**

Information you provide on this form will be passed to the Skills Funding Agency, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but also allows the Council to share information with other organisations for detection of fraud, administration, careers and other guidance, statistical and research purposes. This will enable the Skills Funding Agency and its partners to monitor performance, improve quality and plan future provision.

Name.....

Signature..... *Date*.....