



# Enrolment Form 2018-19

Please complete all sections (unless otherwise stated) in BLOCK CAPITALS and remember to notify the Training Centre if any of the details change. Please return the completed form to Avensys UK Training Ltd.

Contact us on: 01562 745 858 or [training@avensysmedical.co.uk](mailto:training@avensysmedical.co.uk)  
 Frederick Road, Hoo Farm Industrial Estate, Kidderminster,  
 Worcestershire, DY11 7RA

FOR OFFICIAL USE ONLY:

ID Number:																			
Unique Learner No:																			
Identifying Document:	Seen by:																		

## SECTION 1: PERSONAL DETAILS The name you give here will appear on your certificates

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname:	Forename(s):
Maiden Name/Previous Surname:	Email:
Home Address:	Town:
Postcode:	Years Spent At This Address:
Date of Birth (DD/MM/YYYY): ____/____/____	Age (at 31 <sup>st</sup> August 2017): _____ 16-18 Age (at start of course): _____ 19+
Home Tel No:	Mobile Tel No:
Are you: <input type="checkbox"/> In Care <input type="checkbox"/> Just Left Care <input type="checkbox"/> A Carer <input type="checkbox"/> Not applicable	Are you a Youth Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No
National Insurance No: _____	Do you have any criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you attending another course this year (2018/19)? <input type="checkbox"/> No <input type="checkbox"/> Yes – please give details _____	

## SECTION 2: EMERGENCY CONTACT DETAILS / NEXT OF KIN / NAMED CONTACT

Named Contact: <i>Forename</i> _____ <i>Surname</i> _____	Relationship: _____
Contact Address (if different from above): _____	
Tel No: _____	

## SECTION 3: RESIDENCY

What is your nationality? (Which country issued your passport?) \_\_\_\_\_

Have you lived in England or the European Economic Area (EEA) for the last 3 years?  Yes  No

Are you a permanent UK or EEA resident?  Yes  No **If you have answered YES to both, please go to section 4**

**If you answered No to either of the above:** Date of entry in to the UK: \_\_\_\_/\_\_\_\_/\_\_\_\_ and  
**please tick the appropriate status below and provide documentary evidence to support your status:**

Family member of an EEA (inc. UK) National who has 3 years ordinary residency in the EEA

Certificate of Entitlement to the Right of Abode in the UK with 3 years ordinary residency in the EEA

Indefinite Leave to Enter/Remain / or child of, or spouse of, such a person

Refugee Status / or child of, or spouse of, such a person

Humanitarian Protection / or child of, or spouse of, such a person

Discretionary Leave or Exceptional Leave / or child of, or spouse of, such a person

If you are an asylum seeker, has your claim or appeal been with the Home Office for more than 6 months?  Yes  No

If you are an asylum seeker, are you receiving Section 4 Support (Azure or ASPEN Card)?  Yes  No

If you are an asylum seeker, are you receiving assistance from Local Authority Social Services?  Yes  No

Other status – Please give more details: \_\_\_\_\_

**FOR OFFICIAL USE ONLY: Please attach copies of documents to support Home Status Assessment**

Apprentice Passport/Visa - Number : \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Fee Status:** Home Assessment \_\_\_\_\_ Overseas Assessment \_\_\_\_\_**SECTION 4: ADDITIONAL NEEDS**I consider myself to have a learning difficulty/disability  No  Yes**SECTION 5: EQUALITY**Choose an option that best describes your ethnic group or background:

- Asian/Asian British – Bangladeshi (41)
- Asian/Asian British – Chinese (42)
- Asian/Asian British – Indian (39)
- Asian/Asian British – Pakistani (40)
- Asian/Asian British – Any other Asian background (43)
- Black/Black British - African (44)
- Black/Black British - Caribbean (45)
- Black/Black British - Any other Black/African/Caribbean background (46)
- Mixed/Multiple Ethnic Group – White & Black Caribbean (35)
- Mixed/Multiple Ethnic Group – White & Black African (36)
- Mixed/Multiple Ethnic Group – White & Asian (37)
- Mixed/Multiple Ethnic Group – Any other mixed background (38)
- Other Ethnic Group - Arab (47)
- Other Ethnic Group - Any other ethnic group (98)
- White – English / Welsh / Scottish / Northern Irish / British (31)
- White – Irish (32)
- White – Gypsy or Irish Traveller (33)
- White – Any other White background (34)
- Prefer not to say (99)

Religion or Belief:

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No Religion
- Other
- Prefer not to say

Sexual Orientation:

- Bisexual
- Gay
- Lesbian
- Heterosexual
- Prefer not to say

Gender Reassignment: Is your present gender the same as the one assigned to you at birth?

- Yes  No  Prefer not to say

**SECTION 6A: PREVIOUS EDUCATION - For Apprentice who are 19 years or older**

To the best of my knowledge my highest qualification is: Level \_\_\_\_\_ Subject \_\_\_\_\_

- No Qualifications (99)  Entry Level (09)  Below Level 1 (07)  Level 1 (01)  Full Level 2 (02)
- Full Level 3 (03)  Level 4 (10)  Level 5 (11)  Level 6 (12)  Level 7 & above (13)

**SECTION 6B: PREVIOUS EDUCATION - ENGLISH AND MATHEMATICS ACHIEVEMENT – All Apprentices**

I hold GCSE Mathematics  No  Yes Grade: \_\_\_\_\_

GCSE English Language  No  Yes Grade: \_\_\_\_\_

GCSE English Literature  No  Yes Grade: \_\_\_\_\_

Functional Skills Mathematics qualification

Please specify: Level \_\_\_\_\_ Grade: \_\_\_\_\_

Functional Skills English qualification

Please specify: Level \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION 7: EMPLOYMENT DETAILS AND FEE REMISSION - To be completed by all Apprentices**

- Are you:  in full-time education or training
- in paid employment
- Self-employed
- in paid employment and an Apprentice
- unemployed

Please complete Section **7A**Please complete Section **7A**Please complete Section **7A, 7B & 7C**Please complete Section **7D**

(12 &amp; PE11)

(10)

(10+SE11)

**Section 7A: If you are employed / self-employed.**

Please tell us how many hours per week you work:  Less than 16 hours\*  16 – 19 hours  20 hours or more

Please tell us if you earn:  Less than £330 / month\*  Less than 16 x National Minimum Wage /week\*  N/A

\*If you also receive a state benefit, please specify which : \_\_\_\_\_

**Section 7B: Employer details, please tell us:**

Employer's Company Name: \_\_\_\_\_

Full Company/Managing Agent's Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Contact's Name: \_\_\_\_\_

**Section 7C: Please tell us:**

How long have you worked for your current employer? \_\_\_\_\_ months

What is the size of your employer:  49 or less employees  50 or more employees

What is the name of your Managing Agent?:  Avensys UK Training Ltd  Other \_\_\_\_\_

**SECTION 8: HOUSEHOLD SITUATION – For Apprentices who are 19 years or older**

Please tick which of the following statements apply (you can tick more than one):

- No member of the household in which I live (including myself) is employed
- The household in which I live includes only one adult (aged 18 or over)
- There are one or more dependent children (aged 0-17 years or 18-24 years if full-time Apprentice or unemployed) in the household
- None of these statements apply
- I confirm that I wish to withhold this information

**SECTION 9: LEARNING AGREEMENT DECLARATION – To be completed by all Apprentices**

PLEASE READ THE FOLLOWING POINTS CAREFULLY, CHOOSE YOUR PREFERRED METHOD OF CONTACT, AGREE YOUR CHOICE OF COURSES OVERLEAF AND THEN **SIGN AND DATE THE FORM AT THE BOTTOM OF SECTION 11.**

**Important:** It is your responsibility to notify staff at Avensys Training should your personal details change whilst on the Apprenticeship or while awaiting examination results at the end of your course.

By signing this Enrolment Form, you are agreeing to the following:

- I consent to Avensys UK Training Ltd processing my personal data, including sensitive personal data in accordance with the Data Protection Act 1998 as outlined in the Centre's Terms and Conditions.
- I understand that my course may be part of a wider project which is co-financed by the European Social Fund
- I agree to abide by the policies set out by the Training Centre.
- I understand that I am responsible and liable for all fees due in this legally binding document.
- I agree to complete any surveys and also to provide any information deemed necessary to support the Centre's quality processes and compliance with financial and funding regulations/requirements.
- I agree to the Centre contacting me in relation to my studies.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including those 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 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 the Data Protection Act 1998. Please refer to our Terms and Conditions for full details.

You may also be contacted by Education and Skill Funding Agency or the English European Social Fund (ESF) Managing Authority after your course in order for them to carry out research and evaluation to inform the effectiveness of training.

Preferred method(s) of contact:  home phone  mobile phone  post  email

We may also want to contact you about other learning opportunities or for research purposes. If you are happy with this, please tick the box(es) below.

Please feel free to contact me:  about courses/learning opportunities  for surveys and research

## SECTION 10: LEARNING AGREEMENT, COURSE DETAILS AND FEE ASSESSMENT

Course Title:					Code:				
Learning Aim Start Date:					End Date:				
Planned Annual Hours:					Hrs/Week:				
Staff Signature:				Proportion of Learning to be delivered:					
Tuition Fee £			Exam Fee £			Total Annual Fee £			

  

Course Title:					Code:					
Learning Aim Start Date:					End Date:					
Planned Annual Hours:					Hrs/Week:					
Staff Signature:				Proportion of Learning to be delivered:						
Tuition Fee £			Exam Fee £			Total Annual Fee £				FI

  

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Course Title:					Code:					
Learning Aim Start Date:					End Date:					
Planned Annual Hours:					Hrs/Week:					
Staff Signature:				Proportion of Learning to be delivered:						
Tuition Fee £			Exam Fee £			Total Annual Fee £				FI

FEE ASSESSMENT (FOR OFFICIAL USE ONLY)				
<b>Funding Indicator:</b>	<input type="checkbox"/> Fully Funded	<input type="checkbox"/> Co-funded	<input type="checkbox"/> Full Cost	<input type="checkbox"/> Non-funded
<b>16 -18 Fully Funded</b>	<input type="checkbox"/> 16-18	<input type="checkbox"/> 16-18 Apprenticeship		<input type="checkbox"/> 19+ Apprenticeship
<b>19 – 23 Fully Funded Fee Remission Reason:</b>	<input type="checkbox"/> Unemployed up to Level 2 (Including ESOL and those with prior attainment of L2 or above)		<input type="checkbox"/> Entry or Level 1 from local flexibility (excluding ESOL)	
	<input type="checkbox"/> First full level 2	<input type="checkbox"/> First full level 3		<input type="checkbox"/> English or mathematics to Level 2
<b>24 + Fully Funded Fee Remission Reason</b>	<input type="checkbox"/> Unemployed up to Level 2 (including ESOL and those with prior attainment of L2 or above)		<input type="checkbox"/> English or mathematics to Level 2	
Payment Method:	Receipt No:		DDR x:	
Total Fee:	Fee Paid:		Balance Due:	
Enrolment completed by: _____			Date: ____/____/____	

SECTION 11: TO BE SIGNED BY ALL PARTIES	
I confirm that I have read and understood the information in Section 9 – Learning Agreement Declaration. I certify that the information I have provided here is correct to the best of my knowledge and will provide appropriate evidence if required	
<b>Apprentice Signature:</b>	<b>Date:</b> ____/____/____
<b>Employer Signature:</b>	<b>Date:</b> ____/____/____

**Prior Qualifications:**

Please indicate what qualifications you have completed in the past and sign the section below.

**If you have no previous qualifications please state 'None'**

<b>Details of Qualification completed or currently undertaking</b> (for example - Title, Module Names, Awarding Body, Institution) <b>(All certificates must be presented where applicable)</b>	<b>Level or Grade Achieved</b> (e.g. grade - A, B, C, L1, L2, Intermediate, Advanced)
<p><b>Attach a copy of your CV if you wish.</b></p>	

**I declare the above is a true record of my Prior Qualifications: Signed: \_\_\_\_\_ (Apprentice)**