

Additional Student Learning Agreement 2012/13

A Personal Details

¹ Mr ² Mrs ³ Miss ⁴ Ms Male Female

Surname/
Family Name _____

Date of Birth _____

First Name _____

Age on **31 August 2012** _____

Second Name _____

B Training

If you are on a Training Scheme please answer the following questions:

Is this your first Apprenticeship YES NO

If yes please tick below

Intermediate Apprenticeship

Advanced Apprenticeship

Entry to Employment (E2E)

Equal

Training Provider _____

Address _____

If you have ticked one of these boxes please enter the name of your **Training Provider**

Print name of personal _____

Tutor/Assessor _____

Postcode _____

Tel No _____

C If your course has a fee how will you be paying?

Please tick one of the following:

In full by Cash/Cheque/Visa/Master Card/Debit Card* (*please delete as appropriate)

By instalments (payments will be collected by Direct Debit - please have bank account details ready)

By invoice to my employer/sponsor (a copy of letter of authorisation will be required from your employer/provider)

I would like to apply for reduced or waived fees because I am in receipt of:

Job Seekers Allowance UBF
(Work Related Activity Group only)

Employment Support Allowance ESA
(Work Related Activity Group only)

Other Government
Funding Remission

Or because I am:

Under 19 and studying full-time
at The Sheffield College U19

Studying part-time and
under 19 years of age UPU

D Disability Support

We want to ensure that people with disabilities have appropriate support for their studies *(please tick appropriate boxes)*

Are you disabled? Yes (D) No (N)

Have you had the opportunity to discuss your needs? Yes No

Do you wish to discuss your needs with an appropriate member of staff? Yes No

If YES to any of these questions please complete a ANR form available from Student Services

E

Course (1)

Starts: _____ Ends: _____ Day(s): _____ Weeks: _____

GLH: _____ Start Time: _____

Enr staff signature: _____ Date: _____

Waiver: _____ WTP: _____ Resit G/F: _____

Course (1)

Starts: _____ Ends: _____ Day(s): _____ Weeks: _____

GLH: _____ Start Time: _____

Enr staff signature: _____ Date: _____

Waiver: _____ WTP: _____ Resit G/F: _____

Declaration I declare that the information I have given, to the best of my knowledge is correct.

Signature _____

Date _____

This enrolment cannot be accepted without a signature

Receipt Receipt No

Amount Paid

Date

Signature