

The Sheffield College
 Granville Road
 Sheffield S2 2RL

We need the information on this form in order to process your enrolment. The data we collect is on behalf of the Education and Skills Funding Agency (ESFA) who fund further education. We also collect information from you to help keep you safe and so that we can identify if you require extra support while you are studying with us. We also ask questions so that we can monitor equality and diversity. Further details about how your personal information is used is on the third page of the form.

A

PERSONAL DETAILS

Title* Mr Mrs Miss Ms Mx Doctor Reverend Sex* Male Female (this should match the designation on your birth / adoption certificate, passport or GRC)

Legal family name* Preferred family name (if different from legal family name)
 Legal forename* Preferred forename (if different from legal forename)
 Legal middle name(s) Date of Birth* / /
 Last school or college attended Acceptable preferred names will be verified during enrolment. Your legal name will appear on your certificate.
 National Insurance Number

ADDRESS AND CONTACT INFORMATION

Permanent address* Telephone
 Mobile
 Email
 Town Post code
 How long have you lived at the above address?* Less than 6 months 1-2 years Longer than 5 years
 6-12 months 2-5 years Term-time address (if relevant):

NEXT OF KIN DETAILS

If you are under 18 one of your next of kin must be a parent or guardian

I am under 18 and I am happy for the college to share information relating to my progress including unreported absence with my parents or guardians

Name* Name
 Telephone/mobile* Telephone/mobile
 Relationship to student* Relationship to student
 Email* Email

B

FURTHER DETAILS

We collect equality and diversity data because we want to check that we are offering equal opportunities for all our students.

Does your gender identity match your sex as registered at birth?* Yes No
 Religion* Buddhist Christian Hindu Jewish Gender identity* Female Intersex GNC Non-binary Self-describe
 Muslim No religion Sikh Spiritual Male Trans male (AFAB) Trans female (AMAB) Self-describe
 Prefer not to say Other
 Sexual Orientation* Asexual Bisexual Heterosexual/straight Pansexual Gay man Lesbian Prefer not to say Self-describe

C

NATIONALITY & ETHNICITY DETAILS

Nationality* Which country do you normally live in?*
 Have you been a resident in the UK for 3 years?* Yes No What date did you enter UK? / /
 Current status in the UK*: British EU Citizen Asylum seeker Refugee Humanitarian protection Leave to enter as a student Leave to enter as a visitor
 Leave to enter to accompany husband/wife Leave to enter to accompany parent Leave outside the rules Indefinite leave to remain
 Exceptional leave to remain Discretionary leave Work permit holder
 How would you describe your ethnicity?*

White:	Mixed and Multiple ethnic groups:	Asian or Asian British:
English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Gypsy/Irish Traveller <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other White background <input type="checkbox"/>	Any other Mixed/multiple ethnic background <input type="checkbox"/>	Chinese <input type="checkbox"/>
		Any other Asian background <input type="checkbox"/>
Black, Black British, Caribbean or African:	Other ethnic groups:	
Caribbean <input type="checkbox"/>	Arab <input type="checkbox"/>	
African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>	
Any other Black/African/Caribbean background <input type="checkbox"/>		

What is your main language?*

* indicates this question is mandatory

D

QUALIFICATIONS

Please enter details of any qualifications have completed
(please ensure you enter your highest qualification)

Subject	Qualification Level	Qualification Type	Year Achieved

E

ADDITIONAL SUPPORT

Please read carefully. Whilst we endeavour to make reasonable adjustments defined in the 2010 Equality Act, failure to disclose a disability/learning difficulty may result in a delay in support. The Sheffield College reserves the right to void any enrolment where non-disclosure is evident and adjustment requests are deemed unreasonable. **PNTS - Prefer not to say**Have any of your family/parents studied at university?* Yes No PNTS Are you currently or have you ever been cared for by the local authority (e.g. adopted, fostered or placed in a children's home)?* Yes No PNTS Do you need advice on financial assistance?* Yes No PNTS Do you have access to the internet?* Yes No PNTS Have you had extra help in the classroom or provision such as extra time in exams?* Yes No PNTS Do you have a laptop/PC?* Yes No PNTS Do you have any learning difficulties, disabilities or health conditions that may affect your ability to access learning?* Yes No

Learning difficulty, disability or health problem:

Please tick all that apply.

Please put a cross in the primary need.

Vision impairment Hearing impairment Disability affecting mobility Profound complex disabilities Social & emotional difficulties Mental health difficulty Moderate learning difficulty Severe learning difficulty Dyslexia Dyscalculia Autism spectrum disorder Temporary disability after illness Asperger's syndrome Speech, language and communication needs Other physical disability Other specific learning difficulty Other medical condition Other learning difficulty Other difficulty Additional details:

MEDICAL CONDITIONS

Epilepsy, fits, or fainting attacks Asthma, bronchitis or chest complaints Diabetes Type 1 Diabetes Type 2 Allergy (i.e. peanut) Skin allergies or eczema Muscle, nerve, or skeletal pain Need for regular medication Pregnancy Nursing mother Any other Additional details: **F**

HOUSEHOLD SITUATION

Please tick **all** the boxes applicable to you*No member of the household in which I live (including myself) is employed The household that I live in includes only one adult (aged 18 or over) Is your household income below £25,000? * Yes No There are one or more independent children (aged 0-17 years, or 18-24 years if in full-time education or inactive) in the household I wish to withhold this information None of these statements apply **G**

EMPLOYMENT STATUS

What is your employment status prior to the start of the course?*

Employed [complete section H](#)Unemployed looking for work [complete section I](#)Full-time education Self-employed [complete section H](#)Unemployed **NOT** looking for work [complete section I](#)Small employer [complete section H](#)**H**

EMPLOYED

How many hours per week do you work? 0-10 hours 11-20 hours 21-30 hours 31+ hours How long have you been employed? Up to 3 months 4-6 months 7-12 months 12+ months **I**

UNEMPLOYED

How long have you been unemployed? Less than 6 months 6-11 months 12-23 months 24-35 months 36+ months **J**

OCCUPATION

If you are under 21 years of age please state the occupation of your parent or guardian. If they are retired or unemployed please provide their most recent occupation. If you are over 21 please give your own most recent occupation.

What is your occupation?

K

PAYMENT

If your course has a fee how will you be paying? (please tick the appropriate boxes)

In full by cash Cheque Credit card Debit card Student Loan Invoice my employer/sponsors (letter of authorisation required)Instalments (payments by Direct Debit - bring bank account details to enrolment)

If you withdraw from the course, the Student Loan Company will cease to pay your course fees and you will be liable for the repayment of the loan received according to the SLC regulations. You will be personally liable for the full amount remaining. This is to be paid to the college within the current academic year.

OFFICE USE ONLY

(Student falls within the Government Funding Agencies/The Sheffield College tuition fee remission policy and therefore The Sheffield College has agreed to partially or fully remit the fees)

I declare that I have seen the current eligibility evidence for this student.

Print name: _____ Date: _____

* indicates this question is mandatory

CRIMINAL CONVICTIONS

To help us look after students and assess risks please answer the following question. See Guidance Notes: Declaration of Criminal Convictions.

According to the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975, amended 2013, you are not obliged to declare spent convictions unless you are enrolling for a course that could lead to a career in teaching or involves working with children or vulnerable adults, healthcare, the law/legal environment, accounting and finance, veterinary practices, RSPCA, taxi drivers or work in private security services. If you are unsure please seek the advice of the Student Services Manager.

Do you have any criminal convictions?* Yes No

This is personal, sensitive information and we require your consent before we can process your form.

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

I agree to abide by the college rules, as stated in the Student Charter, and pay all fees by the due date even if I decide not to complete the course.

I understand that if payment for the course is made via a HE Loan or Advanced Learning Loan and I withdraw/leave the course, the Student Loan Company will cease to pay my course fees and I will be liable for the repayment of the loan received according to the SLC regulations. I will also be liable for the full amount remaining, this to be paid directly to the college within the current academic year. The same will also apply if I am self-funding the course, or do not have a loan in place. Refund of fees will only be made where the course is closed, or an overpayment of fees has occurred.

Where the fee has been remitted because I am receiving an eligible benefit, I agree to inform the college if my circumstances change.

I understand The Sheffield College will contact me after my studies to see what I have progressed on to after studying.

The college may not be able to provide services when there are circumstances beyond its control, including very severe weather, failure of supply services (eg. power and water), changes in regulations or the law, industrial disputes, civil unrest or acts of God. I understand the college cannot be held responsible for failing to provide any services in such circumstances. I have received advice and guidance about my choice of course(s) and the suitability of my learning programme.

How we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). This informs 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 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 will be securely destroyed after it is no longer required for these purposes.

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 data protection legislation.

If you are employed or on Job Centre Plus courses and the employer or Job Centre Plus is contributing to your fees or is giving you time off work to attend, we will normally share information about your progress and attendance with them. The college also shares data with organisations who are employed to carry out specific aspects of work such as destination surveys, HE partners, feeder schools with student results and awarding bodies.

Your personal information may be shared with the Sheffield Mayoral Combined Authority as part of the College's Adult Education Budget. This data is held and processed in compliance with the Data Protection Act 1998 and the General Data Protection Regulation (GDPR).

Details of specific organisations that we will share your data with under a data sharing agreement can be found on our full privacy notice at privacy.sheffcol.ac.uk

In order to support you with your course, we would like to access via Pearson's ResultsPlus service a breakdown of your results from the Pearson Edexcel papers you have sat. This information, consisting of details of your examination marks, grades and the breakdown of your performance achieved in Pearson Edexcel examinations at your last centre, will enable your school or college tutor to more specifically target your learning needs.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

We will not use the information for any other purpose, nor disclose it to any other party.

You can agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities For surveys and research

By post By e-mail By phone

Further information about use of 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: <https://www.gov.uk/government/publications/esfa-privacy-notice>

Name*

Signature*

Date*

This enrolment cannot be accepted without your signature

The Sheffield College

Person code: _____

Sheffield City Region



Education & Skills Funding Agency

STUDENT COPY

The Sheffield College
Granville Road
Sheffield
S2 2RL
Tel 0114 260 2600
www.sheffcol.ac.uk

European Social Fund

The college is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities. As a result of such funding we are required to collect and disclose such personal information to ESF.

Student commitment

I agree to follow the college's Student Charter and abide by its Code of Conduct.

For more details, please refer to the college website: www.sheffcol.ac.uk

I understand and agree that the full fee is payable if I decide not to complete the course, and that refunds of fees will only be made where the course is closed or an overpayment of fees has occurred.

Where the fee has been remitted because I am receiving an eligible benefit, I agree to inform the college if my circumstances change.

The college may not be able to provide services when there are circumstances beyond its control, including very severe weather, failure of supply services (eg. power and water), changes in regulations or the law, industrial disputes, civil unrest or acts of God. I understand the college cannot be held responsible for failing to provide any services in such circumstances.

PLEASE NOTE:

Completion of this form and enrolment on the course is not a guarantee that the course will run. All courses require a minimum number of attendees and the college reserves the right to cancel a course if it does not have the required number of students enrolled on that course. Please do not buy any equipment for your course until you are sure that the course is running.

Name

Signature

Date

* indicates this question is mandatory

COURSE (1)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

COURSE (1)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

COURSE (2)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

COURSE (2)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

COURSE (3)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

COURSE (3)

Starts Ends Day(s) Weeks
GLH Start time

Enr staff signature Date
Waiver WTP

RECEIPT

Receipt no: _____ Amount paid: _____

Date: _____ Signature: _____

RECEIPT

Receipt no: _____ Amount paid: _____

Date: _____ Signature: _____