

| Office use only: | |
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| Entered in MIS | Student No. |
| | |
| Date | Partner Provider |
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| i lease complete all sections of th | | II OAI II AL LEI I LING allu s | sign where mulcated on | ine back pag | | | | | | | |
|--|-------------------------------|--|--|-------------------------|-------------------------|----------------------------------|-------------------|------------------------------|-------|------|------|
| 1. PERSONAL DETAILS | | | | | | | | | | | |
| Title: ☐Mr ☐Mrs ☐M <u>i</u> ss ☐M <u>s</u> ☐ | Home Address | | | | | | | | | | |
| Sex: ☐ Male ☐ Female | | | | | | | | | | | |
| Surname | | | | | | | | | | | |
| Forename (s) | | | Time spent at currer | | | Y | ears | | Мо | nths | |
| Prev. Surname | | | Term Time Address | (if different) | | | | | | | |
| Known as | | | | | | | | | | | |
| Date of Birth | | Age | as of 31/08/2022 | | | | | | | | |
| Mobile | | | Email | | | | | | | | |
| Tel Day | | | Tel Evening | | | | | | | | |
| 2a. PARENT/CARER CO | NTACT DE | TAII S (All visiting | students) This inf | ormation will | he us | ed for t | evt/en | nail ald | orte | | |
| Name | | Relationship | , | Mobile | | | | ilaii aic | | | |
| Email | | | Home No. | | | | | | | | |
| Address (If Different from Above) | | | | | | | | | | | |
| Wyke Sixth Form College is committi improving communication with our stand their parents, guardians or carefuse contact details to provide: | tudents rs. We will | Specific information al exam deadlines and ti about trips and visits, evenings, attendance | metables, reminders parents' consultation issues. | e.g. T Even closu | erm d ts (Per re. | ormation ates, O _l | pen Ev g and V | /ents, \$ /isual <i>A</i> | Showo | ase | e |
| 2b. EMERGENCY CONT | ACT DETA | AILS (Required for ALL Le | earners and will be used | for contact in | n an E | MERGE | ENCY | ONLY) |) | | |
| Name | | Relationship | | Mobile | | | | | | | |
| Contact Address | | | | | | | | | | | |
| 3. ETHNIC ORIGIN | | | | | | | | | | | |
| □ 31 English/Welsh/Scottish/ Northern Irish/British □ 32 Irish □ 33 Gypsy or Irish Traveller □ 34 Any Other White Background | ☐ 36 Wh ☐ 37 Wh ☐ 38 An | ite and Black Caribbean nite and Black African ite and Asian y Other Mixed/Multiple nnic Background dian | □ 40 Pakistani □ 41 Bangladeshi □ 42 Chinese □ 43 Any Other Asian □ Background □ 44 African □ 45 Caribbean □ 46 Any Other Black/African/ □ Caribbean Background □ 47 Arab □ 98 Any Other Ethnic group □ 44 African □ 99 Not Provided | | | | | | | | |
| 4. NATIONALITY | | | | | | | | | | | |
| Nationality: | | | Date of entry in to the | ne UK/EEA if k | nown: | | | | | | |
| Country of Normal Residence | | | Do you have a Visa? | | | | | | | | No □ |
| Have you been legally resident in the UK/EU for the past 3 years? Yes \square | | | Do you have the right to study and work in the UK/EU? Are you a refugee or asylum seeker? Have you applied under the EU settlement scheme? Yes □ No □ Yes □ No □ | | | | | | | No □ | |
| If no, state country of residence | | | Visa Expiry Date | | | Visa - | Туре | | | | |
| | - | · | 1 | | | 1 | | | | | |

OFFICE USE ONLY: Verification of ID – please record evidence seen and last four digits of the document number (Passport, Birth Certificate or National ID card only)

| 5. DISABILI | TIES AND LEARNIN | NG DIFFICULTIES | | | | | | | |
|---|----------------------------------|-------------------------------------|------------------------------|--------------------|----------------------|-----------------|-------------|--|--|
| Do you consider yourself to have a learning difficulty, disability or health problem? Yes ☐ No ☐ | | | | | | | | | |
| Do you require ac | dditional support as a result of | Yes | s □ No □ | | | | | | |
| Please tick all rea | asons below that apply to you | and that you wish to record: | | | | | | | |
| ☐ 04 Vision impa | airment | ☐ 11 Severe learning dif | fficulty | | 93 Other physical | disability | | | |
| ☐ 05 Hearing impairment ☐ 12 Dyslexia | | | | | 94 Other specific I | earning difficu | ılty | | |
| ☐ 06 Disability affecting mobility ☐ 13 Dyscalculia | | | □ 95 Other medical condition | | | | | | |
| □ 07 Profound complex difficulties □ 14 Autism spectrum of | | | | | 96 Other learning | | | | |
| ☐ 08 Social and emotional difficulties ☐ 15 Asperger's syndro | | | | | 97 Other disabilitie | es (please spe | cify) | | |
| □ 09 Mental health difficulty □ 16 Temporary disabil | | | ty after | | | | | | |
| ☐ 10 Moderate learning difficulty illness or accident ☐ 17 Speech, Language & Communication needs | | | | | | | | | |
| | | r Primary/Most Significant Learning | g Difficulty/Disabilit | ty and any other | Learning Support | you may requi | re | | |
| | qualification achieved to da | D QUALIFICATIONS | | sh & Maths qua | alifications achiev | | | | |
| Level | Examples | Please | Level | | | Eng | lish Maths | | |
| | | tick | IELTS Sco | ore | | | | | |
| | | | GCSE (Specif | fy Grade) | | | | | |
| | | | Functional Sk | ills Level 2 | | | | | |
| | | | Functional Sk | ills Level 1 | | | | | |
| | | | Functional Sk | ills Entry Level | 3 | | | | |
| | | | Functional Sk | ills Entry Level 2 | 2 | | | | |
| | | | Functional Sk | ills Entry Level | 1 | | | | |
| | | | Other | | | | | | |
| | | | Office use on Signature: | ly: | | PLR | R checked T | | |
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| Please state whi | ich School/College you previo | usly attended | | | | | | | |
| 7. COURSE | DETAIL S | | | | | | | | |
| Course Code | Course Title | | Group | Start Date | Expected | Hours | Fees | | |
| | | | | | End Date | | | | |
| | | | | | | | | | |
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| Course Code | Course Title | Group | Start Date | Expected End Date | Hours | Fees |
|-------------|--------------|-------|------------|----------------------|----------|------|
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| | | | | Total | Fees (£) | |

| Please write a Letter of Motivation/Personal Statement in the space provided below. Use additional sheet if required |
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14. PRIVACY NOTICE

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). It is to inform 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 used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

☐ About courses or learning opportunities ☐ For surveys and research

 $\hfill \Box$ By post $\hfill \Box$ By phone $\hfill \Box$ By e-mail 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: www.gov.uk/government/publications/esfa-privacy-notice

PRIVACY STATEMENT

Wyke Sixth Form College will collect and process your personal data under GDPR Article 6e (Public Task) in order for us to carry out our public task of providing education and training.

Contact details will not be used for marketing or survey purposes without your consent, which can be withdrawn at any time. However, the college will use the contact information to contact you in order to carry out our duties to you, for example to notify you of a change of course date, and also to obtain data where legally required, such as destination surveys or annual satisfaction surveys

Further Information relating to this can be found at www.escg.ac.uk/documents/policies/learner-privacy-statement/

15. LEARNING AGREEMENT

In signing this learning agreement, you agree:

- That you have received appropriate advice and guidance on your choice of programme to assess your suitability in accordance with Wyke Sixth Form College procedures.
- To accept responsibility for your own learning and to review your progress with the support of your tutor(s). To attend all required activities regularly and punctually and to account for any absences.
- To take responsibility for maintaining an acceptable standard of behaviour at college and whilst engaged in activities associated with Wyke Sixth Form College.
- To agree to have your photograph taken for your College ID badge and to visibly wear this badge at all times whilst on campus.
- To complete all your work to the best of your ability and within specified deadlines, as required by your programme.
- To follow and respect published College policies, rules and regulations, copies of which are available on the Wyke Sixth Form College's network.
- That the information on this enrolment form/Learner Agreement is correct and that you will inform the College of any future changes.
- To look after all resources during use and to make sure they are properly issued and returned on time.
- To comply with copyright laws and licences regarding the copying of resources including DVDs and audio.
- If you are under the age of 19 on the 31 August 2022 we will share relevant information, all academic year, about your studies with your parent/quardian.
- We will share information about your studies with your Education Provider if they are paying your fees.
- The College may pursue students for their examination fees if they fail to attend their examinations.
- You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education.

I have read the above information and declare that all details given on this form are correct

| Student Signature | |
|---|---------------------------|
| Date | |
| Parent/Guardian's signature (if student | is under 16 or sponsored) |
| Date | |
| Staff Signature | |
| Print | |
| Date | Ext |



Wyke Sixth Form College Bricknell Avenue Hull East Yorkshire Hull

Contact us on: 01482 346347

Please return this form to the relevant campus

f /WykeSixthFormCollege

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✓ /Wyke01

✓ Flickr

Ø /wykesfc

This project is private and a sponsored educational exchange programme