

Your details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other
First Name	Surname
Date of birth	National Insurance number
Home Address	
Postcode	Email address
Home telephone	Mobile telephone
Sex (as recorded on legal documentation)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Gender (how you identify yourself)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say

Proof of ID	
Please provide proof of your ID which must include a photo of yourself. This may be your passport, driving licence or residency permit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What ID are you providing? Please tell us here:	
Office use: ID seen <input type="checkbox"/>	

Emergency Contact	
Name	Phone number
How is this person related to you? (such as brother, friend...)	

Ethnic origin			
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Any other white background
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed/multiple ethnic background
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any other Black / African / Caribbean background
<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic background		

Residency	
Have you lived in the UK/EU/EEA for the last 3 years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', where did you live?	
Proof of residency	
Please provide proof of your residency in the UK, EU or EEA. This may be your passport, driving licence or Immigration status document/permit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office use: Home Office asylum bail letter; refugee right to study on biometric residency permit (BRP). Evidence seen <input type="checkbox"/>	

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Disability or learning difficulty	
Do you have a disability that could affect your learning? (e.g. difficulty hearing, mobility issue)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a learning difficulty that could affect your learning? (e.g. dyslexia, autism spectrum disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered 'Yes' to either question above, what are your disabilities / learning difficulties?	
If you have multiple disabilities / learning difficulties, what is your primary disability / learning difficulty?	

Education
What is the highest qualification you achieved in your country? This is your general education level and NOT your English language level.
<input type="checkbox"/> No qualifications
<input type="checkbox"/> Entry level (e.g. certificate or award at entry level)
<input type="checkbox"/> Level 1 (e.g. less than 5 GCSE's at A*-C grade; NVQ Foundation Level 1)
<input type="checkbox"/> Level 2 (e.g. 5 or more GCSE's at A*-C grade; 1 A-Level; NVQ Intermediate Level 2, Baccaluria, SCC)
<input type="checkbox"/> Level 3 (e.g. 2+ A-Levels; 4+ AS-Levels; NVQ Advanced Level 3, Baccalaureate, HSC)
<input type="checkbox"/> Level 4 (e.g. Certificate in Higher Education)
<input type="checkbox"/> Level 5 (e.g. Foundation degree)
<input type="checkbox"/> Level 6 (e.g. Bachelor's degree; graduate certificate or diploma)
<input type="checkbox"/> Level 7 (e.g. Doctorate; master's degree; postgraduate certificate or diploma)

Means-tested benefit	
Are you claiming a means-tested benefit? If yes, please select your benefit below:	
Note: evidence of means-tested benefit will be required	
<input type="checkbox"/> Jobseekers Allowance (JSA)	<input type="checkbox"/> Universal Credit
<input type="checkbox"/> Employment & Support Allowance (ESA) Income-related	<input type="checkbox"/> None / Would rather not say
<input type="checkbox"/> Employment & Support Allowance (ESA) Work-related activity group	<input type="checkbox"/> Other (see below)
If you have answered 'Other', which benefit are you claiming:	
Office use only: benefits evidence seen <input type="checkbox"/> / or N/A <input type="checkbox"/>	

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Seeking work or more sustainable employment/work

If you answered 'Universal Credit' or 'Other' as Means-tested benefit above, please choose one of the following:

- My take home pay is less than £617 / month as an individual (excluding benefits)
- My take home pay is less than £988 / month as a household (excluding benefits)

Employment/Work

Please complete this section if you **do** have paid work

How many hours do you work every week?

- | | |
|---|---|
| <input type="checkbox"/> 0 – 10 hours per week | <input type="checkbox"/> 11 – 20 hours per week |
| <input type="checkbox"/> 21 – 30 hours per week | <input type="checkbox"/> 31+ hours per week |

How long have you been working for?

- | | |
|--|--|
| <input type="checkbox"/> Three months or less | <input type="checkbox"/> Between four and six months |
| <input type="checkbox"/> Between seven and 12 months | <input type="checkbox"/> More than 12 months |

Are you self-employed?

- Yes No

Do you earn less than £20,319 per year before tax?

- Yes No

Office use only: payslips seen or N/A

Unemployment/No work

Please complete this section if you **do not** have paid work

How long have you been unemployed/not working?

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than six months | <input type="checkbox"/> Between six and 11 months | <input type="checkbox"/> Between 12 and 23 months |
| <input type="checkbox"/> Between 24 and 35 months | <input type="checkbox"/> More than 36 months | |

Are you looking for work?

- Yes No

Household

Please tick which of the following statements apply to the household in which you live (one or more may apply)

- | | |
|--|--|
| <input type="checkbox"/> In my household, no-one (including myself) is in paid work and there are one or more dependent children. ⁽¹⁾ | <input type="checkbox"/> No household member (including myself) is in paid work and there are no dependent children. ⁽²⁾ |
| <input type="checkbox"/> In my household, there is only one adult (over 18 years old) (including myself) and one or more dependent children. ⁽³⁾ | <input type="checkbox"/> None of the statements above apply. ⁽⁴⁾ |
| <input type="checkbox"/> Prefer not to say. ⁽⁵⁾ | |

Course details

Please tell us which course(s) you would like to enrol on

Course code	Course title	Course start date

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How did you hear about us?			
<input type="checkbox"/> Member of staff	<input type="checkbox"/> Library/ Community Centre	<input type="checkbox"/> Leaflet/Flyer/Poster	<input type="checkbox"/> ALS Website
<input type="checkbox"/> Social Media	<input type="checkbox"/> Family Hub	<input type="checkbox"/> Referral from another provider	<input type="checkbox"/> Other
<input type="checkbox"/> Job Centre	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> National Careers Service	<input type="checkbox"/> Not known/Not provided

Declaration

How we use your personal information

The above information forms part of your computerised database record. The information is passed to the Education and Skills Funding Agency and the Department for Education. 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.

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 to carry out research and evaluation to inform the effectiveness of training.

We will use your information to contact you with information about your course, to send you your receipt/or set up finance arrangements and make contact if your course is cancelled. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at <https://guidance.submit-learner-data.service.gov.uk/23-24/ilr/ilrprivacynotice>.

Student declaration

I have received information and advice on my choice of course and am satisfied with my course choice. I declare that, to the best of my knowledge, the information provided is correct.

Consent and agreement

Student signature		Date	
Representative signature		Date	

Additional documents checklist

Please select which documents you are including with your form	
<input type="checkbox"/> Proof of ID	<input type="checkbox"/> Benefits evidence (if applicable)
<input type="checkbox"/> Proof of residency	<input type="checkbox"/> Payslips (if applicable)

Please send your completed form and any additional documents such as proof of ID and residency to the Adult Learning team adult.education.enquiries@westsussex.gov.uk.