

ULN : Date :

The above box is for the use of the Management Information team only

Version 1.1 BW

PART-TIME APPLICATION

Learner Responsive and Full-Cost Enrolment & Learning Agreement form 2024/2025



South Gloucestershire and Stroud College

Please complete in BLOCK CAPITAL LETTERS and make sure all mandatory fields(*) are completed before submitting this Part-Time Enrolment Form. Failure to do so will result in your application being returned to you and not logged in our system, which could jeopardise your place on your chosen course.

Personal Details*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

Title:* First Name:* Surname:* Gender:* M F

Date of Birth:* National Insurance number:

Address:*

Postcode:*

Main Phone Number:* Email Address* Do you have any criminal convictions?* Y N

Emergency Contact Full Name:* Relationship to You:*

Residence*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

Nationality:* Home Country*

- Have you lived in the home country stated above for the last three years?* Yes No
- Have you been a resident in the UK, Republic of Ireland, or the British Overseas Territories, or the Crown Dependencies (Channel Islands and Isle of Man) for at least the last three years?* Yes No
- If you answered No to question 2, please entry the date of entry into the UK.
- If you are an EU/EEA citizen, have you applied for Settled Status? Yes No
- If you answered Yes to question 4 ,please provide your sharecode.
- If you answered Yes to question 4 , was your main purpose for entering the UK to receive education? Yes No

Ethnic Origins*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

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

1. Is English your first language?* Yes No

2. If you answered no to question 1, what is your first language?

Learning Difficulties, Disabilities & Health Problems

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Do you consider yourself to have either/or a learning difficulty, disability, and/or health problem that the college should be aware of and/or you may need support with?* Yes No

2. Do you/will you have an Educational Health Care Plan (EHCP) when you come to college?* Yes No

3. Do you believe you may need help with reading, writing, maths or course work?* Yes No

4. If you have selected yes to question 1 and/or two, please select one or more of the below options.

Vision Impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>	Severe learning difficulty	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	Asperger's syndrome	<input type="checkbox"/>	Temporary disability	<input type="checkbox"/>
Other disability	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>	Speech, language and communication	<input type="checkbox"/>
Social and emotional difficulties	<input type="checkbox"/>	Moderate learning difficulty	<input type="checkbox"/>	Other learning difficulty	<input type="checkbox"/>
Other medical condition	<input type="text"/>		Other specific learning difficulty	<input type="text"/>	

Prior Achievement*

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

No Qualification	<input type="checkbox"/>	Level 3	<input type="checkbox"/>	Level 7 or above	<input type="checkbox"/>
Entry Level	<input type="checkbox"/>	Full Level 3	<input type="checkbox"/>	Other Qualification	<input type="checkbox"/>
Level 1	<input type="checkbox"/>	Level 4	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	Level 5	<input type="checkbox"/>		
Full Level 2	<input type="checkbox"/>	Level 6	<input type="checkbox"/>		

Employment Status

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Are you currently in paid employment?*

Yes No

2. If answered yes to question one, select the number of hours in employment most relevant to you and provide length of employment and hours details

Yes No

31+ hours per week 11-20 hours per week
21-30 hours per week 0-10 hours per week Self employed

Length of employment in months

Hours employed per week

3. Are you not in paid employment but looking for work?

Yes No

4. If answered yes to question three, select the box most relevant to you and provide length of unemployment details.

In receipt of Job Seekers Allowance? In Receipt of Employment Support Allowance In Receipt of Universal Credit

Length of unemployment in months

In receipt of other state benefit
(provide name of benefit)

Course title*	Course code	Learning aim
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fee	Start Date:*	End Date:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Second course title	Course code	Learning aim
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fee	Start Date	End Date:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fees and Financial Support Information

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. Payment must be made in full at time of enrolment, please state how you intend to pay for the course(s)?*

Cheque Cash Credit/Debit Employer/Sponsor/Volunteer

College payment plan Other (please state)

Do you require information advice and guidance on financial support options Yes No

Please note: Your enrolment in any course will only be confirmed once payment has been received. If you enrol in a course and then fail to attend or withdraw, all fees remain payable and no refunds will be given. Refunds are generally only issued if the college cancels the course. A full refund will be provided if the course is canceled at or before its second session. If a course is canceled after the second session, students will receive a prorated refund based on their attendance. For more information and to view our Fees and Charges policy, please visit www.sgscol.ac.uk.

In certain circumstances, fees may be waived. Please tick one of the boxes below if you believe you qualify for a fee waiver. Note that this is not an exhaustive list, and we recommend visiting www.sgscol.ac.uk for more information on potential waivers and entitlements, which you can then apply for. Ticking one or more of the boxes below does not automatically waive any fees. A member of our team will contact you to confirm and may request additional information. Entitlements and waivers are subject to change and depend on various factors, including the specific offering and the learner's circumstances, such as location, previous qualifications, and employment status.

I will be between 19 and 23 on the first day of learning, studying a full level 2/ full level 3 qualification and do not already hold a full level 2/full level 3 qualification.

I am in receipt of an eligible benefit and provided evidence of this (dated within the last 3 months) along with my national insurance number (see personal details section).

Do you earn less than £25,000 per year?

I've been made aware of an other waiver/entitlement that would potentially reduce or remove any fees. Please state the potential waiver/entitlement.

Is your income less, equal or higher than the current UK real living wage? (which is £12.82 at the time of printing this application.)

Student Learning Agreement

I confirm that I have received information and advice about my learning programme choices through the prospectus, website, SGS College staff, or marketing. Based on this information, I can affirm that:

- I understand the entry requirements for my chosen learning programme.
- The learning programme meets my needs.
- I am aware of the financial costs of my course.
- I know the available support, advice, and financial assistance.

I agree to adhere to SGS College regulations and notify the College in writing about:

- Any medical condition that may affect my performance in the learning programme or other College activities.
- Any change in circumstances that may affect my fee status.

Learner IT Code of Conduct

South Gloucestershire & Stroud College expects all learners to use the computer network and software resources responsibly. All College members must comply with the "IT Acceptable Use – Users" Policy. Failure to adhere to this code of conduct may invoke the Enabling Positive Behaviour and Disciplinary Policy and Procedure. By submitting this enrolment request, you confirm you have read the required policies available here.

Data Protection Act 2018 and GDPR

SGS College takes its responsibilities as a data controller very seriously and is committed to using personal data only for legitimate educational purposes and to keep you informed, in accordance with the law. The College's privacy notice explains how we collect, process, and store your personal data, how we might share your data with third parties, and your rights regarding your data use. Please read it carefully at www.sgscol.ac.uk/privacy.

ILR Privacy Notice 2024 to 2025

Please read the Learning Records Service Privacy Notice at: <https://www.gov.uk/government/publications/lrs-privacy-notices/lrs-privacy-notice>.

West of England Combined Authority (WECA) Privacy Notice 2024/2025

The West of England Combined Authority (WECA) manages adult skills funding, including Free Courses For Jobs (FCFJ). This notice outlines how WECA handles personal information from Providers and Learners in the region.

Who We Are: WECA includes Bath & North East Somerset, Bristol City Council, and South Gloucestershire. We work with local partners to promote economic growth and address challenges like skills, housing, and transport. As the data controller for Adult Skills Funding, WECA ensures your data is used lawfully and your privacy rights are respected.

Your Personal Data: Personal data identifies you as an individual. WECA collects and uses this data to fund and manage adult education. We are registered with the Information Commissioner (ZA277034) and adhere to GDPR rules.

Transparency: You have the right to know:

- What data we collect
- How and why we use it
- With whom we share it
- Your rights under GDPR

Data Collection: WECA collects data directly from Providers or through the Education Skills Funding Agency (ESFA) for grant compliance and to support learners. Personal data may include application data, performance data, and contact information.

Confidentiality & Storage: We treat your data confidentially, storing it securely on internal or cloud-based systems, and sharing it only with authorised personnel. Security measures include encryption, access controls, and staff training.

Data Sharing: WECA may share your data with:

- Department for Work and Pensions
- Education and Skills Funding Agency
- Local authorities and other educational bodies for research and administration purposes

Data Retention: Personal data is kept for up to 6 years, while non-identifiable data may be retained for 7 years for research and statistical purposes.

Your Rights: You can withdraw consent, request access to your data, or correct any inaccuracies.

To view the full West of England Combined Authority (WECA) Privacy Notice 24/25, visit www.sgscol.ac.uk

Education and Skills Funding Agency (ESFA) Privacy Notice 2024/2025

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) to inform learners about the Individualised Learner Record (ILR) and how their personal information is used.

Purpose and Legal Basis: The DfE uses your personal information to fulfil its functions under article 6(1)(e) of the UK GDPR and to meet statutory responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009. Special category data is processed under Article 9(2)(g) of GDPR and Section 54 of the Further and Higher Education Act (1992).

Data Collection: The ILR collects data about learners and their learning activities. Publicly funded colleges, training organisations, local authorities, and employers must submit this data to the ESFA annually as part of their funding agreement. This ensures public funds are used appropriately and supports education, training, employment, and well-being research.

Data Retention: ILR learner data is kept for 20 years for operational purposes. It is then retained in research databases until you are 80 years old for long-term research.

Data Sharing: ILR data may be shared with third parties in compliance with DfE data sharing procedures and legal allowances. The DfE and the English European Social Fund (ESF) Managing Authority may contact learners for research and evaluation.

To view the full Education and Skills Funding Agency (ESFA) Privacy Notice 2024/2025, visit www.sgscol.ac.uk.

Marketing & Consent

Refer to the back of this application form for more information as to why we request this information, definitions, and support with completing the section.

1. I consent to the use of images of me and of the work I may create during my time at SGS to be reproduced in printed and/or digital publicity and any other promotional materials produced by or on behalf of the SGS group.

Yes No

The SGS College group includes but not limited to: SGS College, SGS Sport Bristol, the Bristol School of Art, the Bristol Institute of Performing Arts, SGS Higher Education and the SGS Science and Technology Park. Images and content may be shared in print, digital, social media, out of home, press and any other marketing channel/method.

You have the right to withdraw this consent at anytime by contacting the us, and that withdrawing my consent will result in the SGS Group not using my image/s in any publicity or other promotional materials produced after the date of withdrawal

2. Where did you hear about the College?

3. Would you like to be kept in contact with future communications? Yes No

By signing below your consent to understanding the following:

- I understand that by signing these statements I become liable to pay the full cost for this course.
- I understand that if I choose to withdraw or I am withdrawn from the course, I am still liable to pay the full costs.
- I confirm that I have read and fully understand the Financial Statement (5a), Learner Agreement (5b), Code of conduct (5c), GDPR Notice (5d) LRS Privacy Notice (5e) and ESFA Privacy Notice (5f).
- I confirm that all the information on this form is correct. I understand that if I have declared false information the provider may take action against me to reclaim the fees and any support costs provided.
- I understand that I am on an ESFA funded programme which could be used as match funding for ESF.
- I understand that I may be asked to provide documentary evidence of my identity.

Signature:

Date: