

Unique Learner Number		Please complete this form using BLOCK CAPITALS in black ink and complete all sections. If you need help with the form or more information please phone 02086170065 or email info@londonvocationalcollege.com. Return to: London Vocational College, 2 nd Floor Heraldic House, 160-162 Cranbrook Road, Ilford, IG1					
National Insurance Number							
Unique Participant Reference Number (*For Office use Only)			4PE				
Section 1: Learner Details							
Title		First Name					
Middle Name							
Last Name							
Date of Birth (DD/MM/YY)		Age G	roup		□16-18	□19-24	□25+
Mobile Number				Home	Number		
Email address				_			
Gender	Male□	Fer	male 🛛		Other 🛛		Prefer Not to Say 🛛
Address							
Postcode							
Emergency Contact Name				Num	ber		
Relationship to Learner							
Delivery Location Postcode							
Section 2: Employment Status							
Are You	In Paid E	mployment		Self	-employed		



How many hours do you work per week?	 0-10 hours per week 11-20 hours per week 21-30 hours per week 31+hours per week 					
Length of Employment	up to 3 months 4-6 months 7-12 months more then 12 months					
Please tick the statement which applies to you	 I am not in paid employment and looking for work, and actively seeking work Economically Inactive (I am not in paid employment and not actively seeking work) 					
How Long have you been unemployed for	□ Less than 6 months □ 6-11 months □ 12-23 months □ 24-35 months □ 36 months or over					
	Job Seekers Allowance 🔲 Universal Credit 🖵					
Are you in receipt of the following	Employment and Support Allowance – Work Related Acitivity Group (ESA WRAG)					
or the following	Another state benefit other than JSA, Universal Credit or ESA WRAG					
Learners in receipt of a benefit must show proof of their benefit at the time of enrolment. Proof must not be older						
than 3 months old of date of the enrolment. Please provide a DWP letter or current bank / building society statement.						
Section 3: Eligibility						
What is your nationality according to your passport						
Will you have lived before the start of t	in the UK/EEA for 3 years	Yes 🗆	No 🖵			
If you have not live	d in the UK/EEA for the last 3 te did you enter the UK					
	d in the UK/EEA for the last 3					
years which countr this time	ies have you lived in during					
What is your current residency status in the UK (Please tick below)						
British		European Unic	n Citizen			
Leave to Enter or	Remain	Indefinite Leave to Enter or Remain				
Leave to Enter or	Remain Exceptional	Humanitarian Protection				
Refugee Status		Section 67 of the Immigration Act 2016 Leave				
□ Stateless and have lived in the UK for 3 years		Limited leave to remain and have lived in the UK for 3 years				
Asylum Seeker an	d in receipt of NASS	The husband, wife, civil partner or child of an above status				
Leave outside the	rules	Other: Visa Na	me			



Section 4: Prior Attainment Qualification What is your highest qualification Level 1 (GCSE/O level grades D-Level 2 (GCSE/O level grades, 5 Entry Level or more grades A-C) G) Level 3 (2 or more A levels or 4 Level 4, certificate of higher Level 5, foundation degree or AS levels) education equivalent Level 6, Bachelors degrees (BA, Level 7 and above, Masters BSc & BEd) Other qualifications below level 1 degrees & above No qualifications **Section 5: Ethinicity** U White British (31)Pakistani U White Irish Bangladeshi (41)U Whiite Gypsy or Irish Traveller Chinese (42)Any other white background (34) Any other Asian background (43)White and Balck Caribbean African (44)White and Back African Caribbean (45)U White & Asian Any other Black / African / Caribbean (46)Any other mixed / multiple ethinic Arab (47)background Indian Any other Ethinic Group Not provided Section 6: Learners with a Disability or Learning Difficulties a. Do you consider yourself to have a disability, Yes No Prefer not to say health problem or learning difficulty? b. If you answered 'Yes' and you have a disability or health problem, please tick (Disability) Visual impairment Profound complex disabilities Hearing impairment Asperger's syndrome Disability affecting mobility Multiple disabilities Temporary disability after illness (e.g. post-viral) or Other physical disability accident Other medical condition (e.g. epilepsy, asthma, Not known / Information not provided diabetes Emotional / Behavioural difficulties Other Mental Health Difficulty Learning Difficulty: Moderate learning difficulty Autism spectrum disorder Severe learning difficulty Multiple learning difficulties



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Dyslexia		Other				
Dyscalculia		Not known / Information not provided				
Section 7: Household Situation						
Do you live in a jobless household ?	Yes 🗆	No D Prefer Not to Say D				
If 'Yes' do you have any dependent children in your jobless household?	Yes 🗅	No D Prefer Not to Say D				
Would you describe your household as a `single adult household' with a dependent child / children?	Yes 🗖	No D Prefer Not to Say D				
None of these statements apply	Yes 🛛	No D Prefer Not to Say D				
Section 08 : Other disadvantaged (ESF CO17)						
Are you homeless or affected by housing exclusion?	Yes 🗅	No D Prefer Not to Say D				
Do you have basic skills in English, Maths ESOL?	Yes 🗆	No D Prefer Not to Say D				
Do you have basic skills in Maths L2	Yes 🛛	No D Prefer Not to Say D				
Do you have basic skills in English L2	Yes 🗆	No D Prefer Not to Say D				
Do you have basic skills in ESOL L2	Yes 🗅	No D Prefer Not to Say D				
Are you a Participant who is below Primary Education (ISCED level 0)?	Yes 🛛	No D Prefer Not to Say D				
Course Details that learner will be attending						
Course Title		Learner Start & End Date				



Section 09: Additional Information						
I am a Lone Parent	Yes 🗆 No 🗆					
Have you ever been convicted of committing a criminal act?	Yes 🗆 No 🗆					
Are you attending another school or college this year (2022-23)?	Yes 🗆 No 🗆					
Please tick the main reason for undertaking this course						
Improve my job prospects	Gain a qualification					
Enter into full time employment	Enter into part time employment					
Enter into further education	Enter into higher education					
To find voluntary work	To become Self-Employed					
Other: Please state						
What is your preferred way of seeking information about LVC courses, services						
Post Email	Phone SMS					
Where I have ticked prefer not to say – I can confirm that have been asked to answer the question(s) but refused to provide it.						
Name and signature of participant						
Section 10: Privacy statement, Learning Agreement and Declaration						

Learner Declaration

I confirm that;

- The information provided in this Enrolment Form is correct to the best of my knowledge;
- I will inform you of any changes in my circumstances which may affect my elegibility between now and my first day of learning;
- I have been provided with a copy of the Privacy Notices in relation to my enrolment and I agree to share the information with relevant bodies

Print Name:	 	
Signature: _	 	
Date [.]		

Learner Commitment

- I agree to abide by LVC's rules, regulations and policies. I understand any breaches of these may result in disciplinary action being taken against me and my learning agreement terminated.
- Attend all assessments and training sessions as given on my timetable and as agreed in my Individual Learning Plan.
- Make a positive commitment and contribution to your own learning and development.
- I will notify LVC of any changes to my personal details.
- Report any accidents in the classroom to your Assessor immediately.
- Be punctual and notify my assessor of any reason why I am not able to attend at the agreed times.
- I will inform my assessor promptly of any issues or concerns that may affect my learning or completion of my programme, in order that we cn provide any necessary help and support.



- Contribute to and take an active role in your progress reviews.
- Contribute to learner feedback and consultation to help us improve our services.
- Bring all necessary course materials with you to each meeting/training session
- If I get a job and am obliged to leave before the end date of my course(s), I will inform LVC or my assessor and I will complete a declaration form.
- Treat staff, fellow learners and others with courtesy and respect. Not to behave in a way which is likely to cause offence, discriminate against or cause harm to others, or bring the provider into disrepute.
- Abide by and accept my responsibilities with regards to all requests and recommendations made in respect of Safeguarding
- I understand that the information I have given is held by LVC in its original and electronic and formats and that it will be used by LVC staff for enrolment and reporting purposes.