



Candidate Enrolment Form

Unique Learner Number
National Insurance Number
Unique Participant Reference Number (*For Office use Only)

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, 2nd Floor**
Heraldic House, 160-162 Cranbrook Road, Ilford, IG1 4PE

Section 1: Learner Details

Title		First Name			
Middle Name					
Last Name					
Date of Birth (DD/MM/YY)				Age Group	<input type="checkbox"/> 16-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25+
Mobile Number			Home Number		
Email address					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>	
Address					
Postcode					
Emergency Contact Name			Number		
Relationship to Learner					
Delivery Location Postcode					

Section 2: Employment Status

Are You	In Paid Employment <input type="checkbox"/> Self-employed <input type="checkbox"/>
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Section 4: Prior Attainment Qualification

What is your highest qualification

<input type="checkbox"/> Entry Level	<input type="checkbox"/> Level 1 (GCSE/O level grades D-G)	<input type="checkbox"/> Level 2 (GCSE/O level grades, 5 or more grades A-C)
<input type="checkbox"/> Level 3 (2 or more A levels or 4 AS levels)	<input type="checkbox"/> Level 4, certificate of higher education	<input type="checkbox"/> Level 5, foundation degree or equivalent
<input type="checkbox"/> Level 6, Bachelors degrees (BA, BSc & BEd)	<input type="checkbox"/> Level 7 and above, Masters degrees & above	<input type="checkbox"/> Other qualifications below level 1
<input type="checkbox"/> No qualifications		

Section 5: Ethnicity

<input type="checkbox"/> White British (31)	<input type="checkbox"/> Pakistani (40)
<input type="checkbox"/> White Irish (32)	<input type="checkbox"/> Bangladeshi (41)
<input type="checkbox"/> White Gypsy or Irish Traveller (33)	<input type="checkbox"/> Chinese (42)
<input type="checkbox"/> Any other white background (34)	<input type="checkbox"/> Any other Asian background (43)
<input type="checkbox"/> White and Black Caribbean (35)	<input type="checkbox"/> African (44)
<input type="checkbox"/> White and Black African (36)	<input type="checkbox"/> Caribbean (45)
<input type="checkbox"/> White & Asian (37)	<input type="checkbox"/> Any other Black / African / Caribbean (46)
<input type="checkbox"/> Any other mixed / multiple ethnic background (38)	<input type="checkbox"/> Arab (47)
<input type="checkbox"/> Indian (39)	<input type="checkbox"/> Any other Ethnic Group (98)
<input type="checkbox"/> Not provided (99)	

Section 6: Learners with a Disability or Learning Difficulties

a. Do you consider yourself to have a disability, health problem or learning difficulty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
b. If you answered 'Yes' and you have a disability or health problem, please tick (Disability)			
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Profound complex disabilities		
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Asperger's syndrome		
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Multiple disabilities		
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Temporary disability after illness (e.g. post-viral) or accident		
<input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> Not known / Information not provided		
<input type="checkbox"/> Emotional / Behavioural difficulties	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Mental Health Difficulty			
Learning Difficulty:			
<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Autism spectrum disorder		
<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Multiple learning difficulties		

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

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Section 09: Additional Information	
I am a Lone Parent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of committing a criminal act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you attending another school or college this year (2022-23)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick the main reason for undertaking this course	
<input type="checkbox"/> Improve my job prospects	<input type="checkbox"/> Gain a qualification
<input type="checkbox"/> Enter into full time employment	<input type="checkbox"/> Enter into part time employment
<input type="checkbox"/> Enter into further education	<input type="checkbox"/> Enter into higher education
<input type="checkbox"/> To find voluntary work	<input type="checkbox"/> To become Self-Employed
<input type="checkbox"/> Other: Please state	
What is your preferred way of seeking information about LVC courses, services	
<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> 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 eligibility 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 can provide any necessary help and support.



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- 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.