

READING COMMUNITY LEARNING CENTRE 2024/25

Please complete using **BLOCK CAPITALS**

All Compulsory*		
Title:	<input type="text"/>	Address: <input type="text"/>
First Name:	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	Town <input type="text"/>
Telephone: (Home)	<input type="text"/>	County: <input type="text"/>
Telephone: (Mobile)	<input type="text"/>	Postcode: <input type="text"/>
Email:	<input type="text"/>	
Gender: F M	Have you been in the UK/EU for more than 3 years: Yes No	
Date of Birth:	Country of origin:	Date of entry to the UK:
Nationality:	Mother tongue:	Are you an Asylum Seeker/Refugee:
Employment status:		Qualifications: (please state the highest qualification)
On benefits: Yes No	Retired:	In UK: No qualifications, Entry level, Level 1, Level 2, Level 3, Level 4, Level 5, Level 6, Level 7, Level 8
Employed: Part - time Full -time Self-employed		Non - UK: No qualifications, Entry level, Level 1, Level 2, Level 3, Level 4, Level 5, Level 6, Level 7, Level 8
Unemployed: Looking for work or Not looking for work		
Ethnicity:		
<input type="checkbox"/> Arab	<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> Mixed - any other mixed background
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> White - British
<input type="checkbox"/> Asian or Asian British - Chinese	<input type="checkbox"/> Black or Black British - any other Black background	<input type="checkbox"/> White - Irish
<input type="checkbox"/> Asian or Asian British - Indian		<input type="checkbox"/> White - Gypsy or Irish Traveller
<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> White - any other White background
<input type="checkbox"/> Asian or Asian British - any other Asian background	<input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> Any other ethnic group
	<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Prefer not to say
Disability: The Equality Act considers a person disabled if:		
<ul style="list-style-type: none"> You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and... This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities. 		
Do you have a disability, learning difficulty and/or a health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If YES please tick the appropriate box (as many as are appropriate):</i>		
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Disability affecting mobility
<input type="checkbox"/> Profound complex disabilities	<input type="checkbox"/> Social and/or emotional difficulties	<input type="checkbox"/> Mental health difficulty
<input type="checkbox"/> Speech, Language & Communication Needs	<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Severe learning difficulty
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Asperger's syndrome
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Other specific learning difficulty	<input type="checkbox"/> Other physical disability
<input type="checkbox"/> Temporary impairment after illness/accident	<input type="checkbox"/> Other medical condition	<input type="checkbox"/> Other learning difficulty
<input type="checkbox"/> Other disability	<input type="checkbox"/> Prefer not to say	
Please specify which one of these you consider to be your main disability, learning difficulty or health condition: <input type="text"/>		

Referral from: (please circle)

ACRE, Alafia, Alana House, Berkshire West Your Way, BWA, CAR (Citizen advice Reading), Care 4 Calais, CCA (Christian Community Action, CIRDIC (Churches in Reading Together), Citizen Advice CommuniCare, Compass Recovery College, DWP, Engage, GP, Greater Reading Nepalese Community Association, Indian Community Centre, JCP, Mustard Tree, ND, Nepalese Gurkhas, NHS Health check service, Pact, PCC, Prospect Park, RBC, RBC Adult Social Care, RBC Social Services, RCLC, Readifood (foodbank), Reading College Reading Welfare Rights, RRSg (reading refugee support group), RVA social prescribing, Schools, Solutions4Health/Stopping Smoking service/adult weight management service, Starting Point, Talking Therapies, Together, WEA
other please state -

Learner Declaration

I am satisfied that the appropriate advice and information about the course has been made available to me prior to my enrolment. I will advise my learning provider if there are any changes to my contact information or if there are any other changes to my personal circumstances which could affect my eligibility for reduced fees. If applicable, I accept liability for payment of the stated fees (£) even if I leave or fail to complete the course (other than for reasons of certified illness).

I understand that false information given above may lead to inappropriate use of public funds and I confirm that all information is accurate and correct to the best of my knowledge. I understand there is an expectation that I will attend 100% of the learning programme and I will inform staff in advance of any non-attendance.

Photo consent: Yes No

Learner Signature: _____ Date: _____

Compulsory*

To be completed by Tutor:

Provider: _____ Venue: _____
Course Title: _____ Start Date: _____ / _____ / _____
Course code/s: _____ End Date: _____ / _____ / _____

Compulsory*

Tutor Name: _____
Tutor Signature: _____ Date Tutor Signed: _____ / _____ / _____

Please ensure all compulsory fields have been completed so that you will be funded for the course you have run.

Photo Consent

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of you OR your child for promotional purposes. Please answer questions 1 to 4 below, then sign and date the form where shown. Please return the completed form to the school as soon as possible.

Please circle your answer

- 1. May we use your and your child's photograph in the centre and other printed publications that we produce for promotional purposes or on project display boards? Yes / No
- 2. May we use your and your child's image on our website? Yes / No
- 3. May we record you and your child's image on video or webcam? Yes / No
- 4. Are you happy for you and your child to appear in the media/ social media Yes / No?

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Signature..... Date.....

Office use only: All checks have been carried out and I confirm that this enrolment form is complete Yes/ No

Scanned by: _____ Date:.....

