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| **Course Details** | | | | | | | | | |
| Course Applying for: | | | | | | | | | |
| Location: Norwich / Great Yarmouth | | | | | | | | | |
| **Learner Details** | | | | | | | | | |
| Name: |  | | | Also known as: | |  | | | |
| DOB: |  | | | Gender: please tick | | Male | | Female | Other |
| Address: |  | | | | | | | | |
| Telephone Numbers: | | Home: |  | | Mob: | |  | | |
| Email Address: | |  | | | | | | | |
| National Insurance Number: | |  | | | | | | | |

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| **Current / Previous Education** | | | | | | | | | | | | | | |
| **Current School** |  | | | | | | | | | | | | | |
| **Qualifications:** | | | | | **\*\* If GCSE Enter Grade, if Functional Skills Enter Level** | | | | | | | | | |
| Do you have an English Qualification? | Yes |  | **Qualification Name:** | | | | | | | | | Grade: | |  |
| No |  | **Level:** | EL1 |  | EL2 |  | EL3 |  | L1 |  | | L2 |  |
| Do you have a Maths Qualification? | Yes |  | **Qualification Name:** | | | | | | | | | | Grade: |  |
| No |  | **Level:** | EL1 |  | EL2 |  | EL3 |  | L1 |  | | L2 |  |
| Do you have an ESOL Qualification? | Yes |  | **Qualification Name:** | | | | | | | | | | Grade: |  |
| No |  | **Level:** | EL1 |  | EL2 |  | EL3 |  | L1 |  | | L2 |  |
| Other qualifications: |  | | | | | | | | | | | | | |
| Have you had any Work Experience or Working? |  | | | | | | | | | | | | | |

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| **Learner Support** | | | | |
| Do you have a learning difficulty, disability, or medical condition? |  | | | |
| Please specify: |  | | | |
| Do you have an EHCP? Please tick | Yes |  | No |  |
| Are you in care or recently left care? Please tick | Yes |  | No |  |
| Do you have a social worker? Please tick | Yes |  | No |  |
| If yes, provide details: |  | | | |
| Do you have a criminal record? Please tick | Yes |  | No |  |
| If yes, provide details: |  | | | |

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| **Parent / Guardian, Emergency Contact** | |
| Parent / Guardian Name:  (Please delete as applicable) |  |
| Parent / Guardian Number: |  |
| Parent / Guardian Email:  (Please delete as applicable) |  |
| Parent / Guardian Name:  (Please delete as applicable) |  |
| Parent / Guardian Number: |  |
| Parent / Guardian Email:  (Please delete as applicable) |  |
| Emergency Contact Name & Relationship: |  |

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| **Residency Status** | | | | | | | | | |
| Have you lived in the UK for the past 3 years? please tick | | | | **Yes** |  | | | | |
| **No** |  | | | | |
| **If you have lived outside of the UK in the last three years, please give details below:** | | | | | | | | | |
| **Which country have you been resident in?** | | | | | | **Date returned to the UK:** | | | |
| **Please tick the relevant box to identify your residency status.** | | I am a UK Citizen and Islands and have the right to abode (live permanently in the United Kingdom without any immigration restrictions). | | | | | | |  |
| I am a Citizen of a country that is within the European Economic Area (EEA) with pre-settled or settled status under the EU Settlement Scheme and living in the UK. | | | | | | |  |
| I am a Citizen of a country that is within the European Economic Area (EEA) who has lived in the EEA continuously for at least the previous three years prior to 31 December 2020. | | | | | | |  |
| I am the child of Turkish migrant worker. | | | | | | |  |
| I have Indefinite Leave to Enter or Remain. | | | | | | |  |
| I have Refugee status. | | | | | | |  |
| I have Limited Leave to Enter or Remain. | | | | | | |  |
| I have the right to permanent residence in the UK. | | | | | | |  |
| **Record of evidence seen in order to assess residency status.** | | | | | | | | | |
| **Passport** | | | Passport No: Country of origin:  Date of issue: Date of Expiry: | | | | | | |
| **Home Office Papers** | | | Details of evidence seen: | | | | | | |
| Immigration Status Document | | | Details of evidence seen: | | | | | | |
| National ID Card | | | Details of evidence seen: | | | | | | |
| Birth or Marriage Certificate | | | Certificate Number: | | | | | | |
| Other: | | | Details of evidence seen: | | | | | | |
| **Assessed by:** | **Print Name:** | | | | | | **Signature:** | **Date:** | |

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| **To help monitor equal opportunities, please indicate your ethnic origin:** | | |
| **White**  □ 31 English/Welsh/Scottish/Northern Irish/British  □ 32 Irish  □ 33 Gypsy or Irish Traveller  □ 34 Any Other White Background  **Mixed/Multiple ethnic group**  □ 35 White and Black Caribbean  □ 36 White and Black African  □ 37 White and Asian  □ 38 Any Other Mixed/Multiple Ethnic background | **Asian/Asian British**  □ 39 Indian  □ 40 Pakistani  □ 41 Bangladeshi  □ 42 Chinese  □ 43 Any Other Asian background  **Black/African/Caribbean/Black British**  □ 44 African  □ 45 Caribbean  □ 46 Any Other Black/African/Caribbean background | **Other**  □ 47 Arab  □ 98 Any Other Ethnic Group  Please State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Declaration** |
| **Declaration and Learner agreement statement:***(Please read carefully)*   * I confirm that the details on this form are accurate and complete and that under Education and Skills Funding Agency (ESFA) methodology I have been offered information and advice on my course and the support services available to me. I am aware that my programme of study may be match funded by the European Social fund (ESF). * I declare that I have correctly identified my residency status and my prior qualifications and understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided. * I agree to comply with ACE’s policies and procedures when using the facilities and understand that full copies of these policies and procedures are available from reception or on the website. * I give permission for you to look at the data on my personal learning record that is held by the LRS and to be contacted for destination data after I have finished my course.   **Please Tick any of the following**  □ I am not currently on any other government funded training.  □ I confirm that I am a volunteer and receive no payment for the work undertaken other than incurred expenses where payable.  **Learner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |