



ACL

Schedule 2

IN PARTNERSHIP WITH COLEG GLAN HAFREN AND BARRY COLLEGE

Please complete the form to the best of your ability

Learner ID

(1) HAVE YOU ATTENDED A COURSE AT A COMMUNITY LEARNING CENTRE IN CARDIFF WITHIN THE LAST THREE YEARS?

Yes If you have answered YES complete sections 2, 3, 7 & 8 Only.

No IF you have answered NO please complete the whole form

(2) PERSONAL DETAILS

Forename: Surname: Surname on 16th Birthday:

Title: (Mr/Mrs/Miss/Ms) Male Female Date of Birth

(3) ADDRESS DETAILS

House Number & Street:

Area: Town / City:

Post Code: E-mail Address:

Home Tel No: *Work/mobile No:

* To contact you in case of last minute changes to your course

DISABILITY Are you disabled? Yes No If Yes, please specify

Do you have any special requirements? Yes No If Yes, please ask the centre for advice on how we can help

(4) OTHER PERSONAL DETAILS

ETHNICITY Please complete to comply with DELLS, College and Council Race Equality Policy

White Black Caribbean Black African Black Other Indian

Pakistani Bangladeshi Chinese Other Asian Mixed White & Asian

Mixed White & Black Caribbean Mixed White & Black African Other Mixed Background Other Ethnic Background

NATIONAL IDENTITY Please tick one box only

Welsh English Scottish Irish British Other (as on Passport)

Have you been resident in the UK for the last three years or more? YES NO If NO, refer to the Centre for advice

LANGUAGE What is your first language:

Do you speak Welsh? Fluently Not Fluently No What is your preferred language of learning:

(5) SCHOOL LAST ATTENDED

Please complete this section if you are aged 21 or under

Secondary School last attended: Year Left:

(6) EMPLOYMENT DETAILS You may tick more than one

I am employed Please state your occupation:

Employer's name & address:

Unemployed Seeking Work School Leaver Retired

(7) Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law. Your details will be held on Education Lifelong Learning Skills (DELLS's) database.

I DO NOT give my permission for DELLS to provide details of other learning opportunities and possibly contact me in the future

Please tick if you would be interested to learn through the medium of Welsh

Signature Today's Date

(8) COURSE INFORMATION

Centre											Course Code									
Course Title																				
Day of Class							Time of Class							Today's Date						
Student Name													Signature							

FEES (please tick)

Full Fee					Basic Skills					16-18 Year Old				
Reduced Fee Code (see table below)					Evidence For Reduced Fee (e.g. NI Number)									
Term (please tick)	Autumn <input type="checkbox"/>				Spring <input type="checkbox"/>				Summer <input type="checkbox"/>					
Method of Payment (Cheques made payable to Cardiff Council)									ILA Number					

REDUCED FEE CODES

60 +	B1	FULL TIME STUDENTS	B2
INCOME SUPPORT/PENSION CREDIT*	C1	WORKING TAX CREDIT	C2
JOB SEEKERS ALLOWANCE	C3	HOUSING BENEFIT	C4
SEVERE DISABLEMENT ALLOWANCE	C5	DISABILITY LIVING ALLOWANCE	C6
DISABLED PERSONS TAX CREDIT	C7	INDUSTRIAL DISABLEMENT BENEFIT	C8
CARER'S ALLOWANCE	C9	INCAPACITY BENEFIT	C10
COUNCIL TAX BENEFIT ENTITLEMENT	C11		

* Does not relate to savings element of pension credit

**The information I have given is correct and I have read the enrolment conditions overleaf
Completion of this form is a required part of enrolment.**

(9) THIS IS TO BE COMPLETED BY CENTRE STAFF ONLY

TOTAL FEE OF COURSE BEFORE DEDUCTION			
RECEIPT NUMBER / AMOUNT PAID BY LEARNER			
CASHIER SIGNATURE			DATE

ENTERED ONTO MIS BY: DATE:

CARDIFF COUNCIL
(in partnership with Coleg Glan Hafren and Barry
College)
COMMUNITY LEARNERS' CHARTER

You have the right to expect

INFORMATION ON

- * classes, times, rooms, exams, qualifications
- * cost of courses, reduced fees, other charges
- * the centre where you study and what it can provide for you
- * where and who to ask for help
- * support, access and equal opportunities issues
- * the right course to suit your needs

TEACHING/LEARNING

- * the chance to work at a suitable pace/speed
- * good, well prepared teaching material and equipment suitable for your course and you
- * surroundings & an atmosphere which encourage learning and make it stimulating and enjoyable
- * support and help from your tutors as and when appropriate
- * advice and guidance on the next stage of your studies and further opportunities for learning

in return please

- * let us know if you have a disability or special study/learning requirements
- * attend regularly at the agreed times
- * let us know if you cannot attend or if you are leaving the course
- * learn with enthusiasm, commitment and enjoyment!

If you are not happy with any part of your experience of Community Learning

- please let us know and we will explain how to go about making a complaint
- we will do everything we can to resolve the situation and we will let you know the result of your complaint using the Council corporate complaints system



CARDIFF COUNCIL ENROLMENT FORM
(IN PARTNERSHIP WITH COLEG GLAN HAFREN AND BARRY COLLEGE)



A WELSH COPY OF THIS ENROLMENT FORM IS AVAILABLE AT YOUR CENTRE

LIFELONG LEARNER WALES RECORD
(LLWR)