

Post 16 Learner Agreement Enrolment Form

Your Personal Details

Title: Mr/Ms/Mrs/Miss	Other.....
Family Name:	
Given Name:	

Current Address	National Insurance Number:
House Number/Name:	Home Telephone Number:
Street:	Home Email address:
Town:	Student Mobile Number:
City:	Student E Mail Address:
County:	
Post Code	

Gender:	Date of Birth:	Your age on the 31 st August 2017:
Are you under the care of Social Services?		If Yes, which Local Authority? _____

Current part time work details		
Current employer name:	Employer address & No:	Job Role:

Ethnic Origin In order to help us monitor equal opportunities please identify how you would describe your ethnic origins:			
31 White British	37 Mixed White and Asian	43 Asian or Asian British Other Background	
32 White Irish	38 Mixed any other mixed/background	44 Black or Black British African	
33 White Gypsy or Irish Traveller	39 Asian or Asian British Indian	45 Black or Black Caribbean	
34 White any other white background	40 Asian or Asian Pakistani	46 Black or Black British Other Background	
35 Mixed White and Black Caribbean	41 Asian or Asian British Bangladeshi	47 Arab	
36 Mixed White and Black African	42 Asian or Asian British Chinese	48 Any other ethnic group	
If other, please state:		99 Not Provided	

Nationality	If you are in possession of a Visa or any other valid immigration documentation, granting permission to live and study in the UK, you agree to abide by the terms as stated in the UK Border Agency (UKBA).		
Nationality:	Normal Country of Residence:		
Have you been a permanent resident in the European Union (EU) for the last three years?	Yes <input type="radio"/>	No <input type="radio"/>	
If NO please state the date of your most recent entry to live in the EU:	d	d	m m y y y y

Learning Programme Details	Notes
Pathway (please circle): One – Two - Three	
Course Title:	
Course Title:	
Course Title:	
Course Title:	
Resit GCSE Maths needed:	
Resit GCSE Eng needed:	
Start Date:	
Planned End Date:	
GCSE English Language	
GCSE English Literature	
GCSE Maths	
GCSE Science	
Planned timetabled hours per week:	

Parent/Carer/Next of Kin Information (To be contacted in an emergency)							
Primary				Secondary			
First Name:		Last Name:		First Name:		Last Name:	
Contact Number:		Home:		Contact Number:		Home:	
Contact Number:		Mobile:		Contact Number:		Mobile:	
Relationship to you:				Relationship to you:			
Do you live with this person?			Yes / No	Do you live with this person?			Yes / No

Do you consider yourself to have significant learning difficulty, disability or health problem?
If yes, please identify in the relevant sections below:

Medical Condition			
Visual Impairment		Hearing Impairment	
Other Physical Disability		Asthma	
Diabetes		Haemophilia	
Asperger's Syndrome		Profound Complex Disabilities	
Multiple Disabilities (Please state)		Temporary Disability after illness or accident (Please State)	
If Other please state			

Additional Learner Support
Please state and give details:

Exam Support in Year 11			
Extra time	Scribe	Reader	Coloured Paper
Other:			

I agree to the following:	
Biometrics	School Photo being used on brochures, websites and the schools social media

Key Details:	
CTS file received:	UPN:

Assessment and Guidance	
Please tick below and then sign to confirm that assessment and guidance have been provided to include the initial consideration of the qualification and learning outcomes resulting from it, the entry requirements of the chosen learning programme and the relevance of the learning programme to your career aspirations and interests.	
Consultation with Aylesford School Member:	Interview with Careers Advisor:
Other – please specify:	

Progression
It is my intention to progress to.....

6 th Form Contract
I agree to abide by the School's rules as published and detailed in the 6 th Form Learner Agreement (attached).

Privacy Notice
I have read the Privacy Notice and Data Protection Statement as detailed on our school website. The information that you provide will be used for data processing for administration, academic and health and safety reasons. Certain sensitive information such as ethnicity and health may be used in statistical returns and monitoring. School may be required to disclose information to third parties such as parents, employers and government departments. Your signature on this Learning Agreement gives your specific consent to process this data, as required by the Data Protection Act, 1998.

Data Protection and Your Personal Information
The school holds data against the following categories: Personal details as completed on this Learning Agreement such as name, date of birth and next of kin, Health details, any specific medical condition and support required, Details about academic performance, expected and actual results, Details about courses enrolled upon.
Signing the Learning Agreement allows us to collect and process the information for purposes registered under the Data Protection act 1998. We also give information to the exam boards and school funding bodies who may use it.
There are occasions when the police (or another third party) may contact the school for personal data about an employee or student in connection with, for example, an investigation. In such cases that satisfy Section 29 (exemptions) of the Data Protection Act 1998 ie. that the data is requested for the prevention or the detection of crime or the apprehension or prosecution of offenders or the assessment of the collection of any tax or duty or of any imposition of a similar nature, the school will liaise with the police (or the third party) accordingly, with the Headteacher, or another senior member of staff, establishing whether the request for information meets one of the above exemptions prior to providing this information.

Computing and IT Acceptable Use Policy
Computing and IT Acceptable Use Policy: Aylesford School will provide the computing hardware and software to enable you to carry out your studies. Details of the policy will be provided to you in a separate document. By signing this Learning Agreement you accept the terms and conditions of the Computing and IT Acceptable Use Policy.

Trips, Events And General Offsite Activities
Through years 12 and 13 there will be times when students need to go offsite for example, careers fairs, school trips and visits therefore by signing this agreement you give permission for the student named above to attend all offsite events and activities.. Parents and Carers will of course be informed of any event that involves students going offsite.

Signatures			
Signature of Student:	X	Date:	
Signature of 6 th Form Leadership Team:	X	Date:	
Signature of Parent:	X	Date:	