

# Apprenticeship Enrolment Form and Learning Agreement 2022 – 23

Capital City College Group comprises:

City and Islington College, Westminster Kingsway College, College of Haringey, Enfield and North East London  
and Capital City College Training.

If you studied with us in the past please enter your  
Student Reference Number in the box below

Unique Learner Number (if known)

College Staff to complete Student Reference Number




## Section 1: Personal Details

Please complete in block capitals and Click the relevant button where applicable

Sex (legal gender) ☐ Male ☐ Female Title (e.g Mr/Ms):  What is your first language:

Please enter your name as it appears on official documents

Family Name or Surname:

Name(s):  Preferred Name:

Date of Birth:  DD / MM / YYYY Age on 31 August 2022:  National Insurance No:

Do you live in London? ☐ Yes ☐ No In which Borough do you live?

Address:

When did you start living at this address, date, month and year in this format:  DD / MM / YYYY If you have lived at this address since you were born please use your birth date.

Town/Country:  Postcode:

Mobile No:  Home Tel:

Email Address:

## Emergency Contact Details/Next of Kin. 16-18 years old this needs to be your parent/carer/guardian.

Relationship to you  Name  Contact No:

Emergency Contact E-mail Address:

## Second Emergency Contact Details where possible:

Relationship to you  Name  Contact No:

Emergency Contact E-mail Address:

## Section 2: Support for your Learning Click the relevant button

We are committed to supporting people with learning difficulties and disabilities, mental health or other support needs

If you are aged 16 -24:

Do you have an Education Health Care Plan (EHCP)? ☐ Yes ☐ No  
Have you recently left Local Authority Care? ☐ Yes ☐ No ☐ Prefer not to say  
Are you in the care of a Local Authority? ☐ Yes ☐ No ☐ Prefer not to say

Everybody to complete: Do you need assistance during an emergency evacuation of the building? ☐ Yes ☐ No

Do you have a Learning Difficulty, Disability or Health Problem: ☐ Yes ☐ No

Enter 1 for your main difficulty or disability, 2 for other difficulties or disabilities

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Emotional/behavioural difficulties | <input type="checkbox"/> Severe learning difficulty  | <input type="checkbox"/> Other physical difficulty                                 |
| <input type="checkbox"/> Multiple disabilities              | <input type="checkbox"/> Dyslexia  | <input type="checkbox"/> Other specific learning difficulty                        |
| <input type="checkbox"/> Multiple learning difficulties     | <input type="checkbox"/> Dyscalculia   | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Vision impairment                  | <input type="checkbox"/> Autism spectrum disorder  | <input type="checkbox"/> Other learning difficulty: <input type="text"/>           |
| <input type="checkbox"/> Hearing impairment                 | <input type="checkbox"/> Asperger's syndrome   | <input type="checkbox"/> Other disability: <input type="text"/>                    |
| <input type="checkbox"/> Disability affecting mobility      | <input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Profound complex disabilities      | <input type="checkbox"/> Speech, Language and Communication Needs                                | <input type="checkbox"/> Not provided  |
| <input type="checkbox"/> Social and emotional difficulties  |  |  |
| <input type="checkbox"/> Mental health difficulty           |  |  |
| <input type="checkbox"/> Moderate learning difficulty       |  |  |

## Section 3: Ethnicity Click the relevant button that best describes your ethnic group

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Indian                                       | <input type="checkbox"/> Arab  |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> Pakistani                                    | <input type="checkbox"/> Any other ethnic group <input type="text"/> |
| <input type="checkbox"/> Gypsy or Irish Traveller                      | <input type="checkbox"/> Bangladeshi                                  | <input type="checkbox"/> Not provided                                |
| <input type="checkbox"/> Any other white background                    | <input type="checkbox"/> Chinese                                      |  |
| <input type="checkbox"/> White and Black Caribbean                     | <input type="checkbox"/> Any other Asian background                   |  |
| <input type="checkbox"/> White and Black African                       | <input type="checkbox"/> African                                      |  |
| <input type="checkbox"/> White and Asian                               | <input type="checkbox"/> Caribbean                                    |  |
| <input type="checkbox"/> Any other mixed/multi ethnic background       | <input type="checkbox"/> Any other Black/African/Caribbean background |  |

## Section 4: Marketing

☐ Please tick this box if you are happy for us to use your picture freely in College marketing publicity.

## Section 5: Education and Qualifications

Which apprenticeship will you be undertaking:

Name of Previous School, College or University

Please enter your qualifications, including English and Maths qualifications below.  
If you have no qualifications tick the no qualifications box.

Qualification				Qualification checked
Type or Level	Subject (eg childcare, media)	Year Achieved	Grade or Level	
	English			Yes <input type="checkbox"/>
	Maths			Yes <input type="checkbox"/>
Any Qualification relevant to this apprenticeship.				Yes <input type="checkbox"/>
				Yes <input type="checkbox"/>
				Yes <input type="checkbox"/>
Please name your highest qualification.				Yes <input type="checkbox"/>
<input type="checkbox"/> No Qualifications				

Please use this box to record e.g. initial assessment results, reason why a learner may be repeating the same level of course, other curriculum information to support enrolment.

Are you currently studying anywhere else:

☐ Yes

☐ No

## Section 6: Safeguarding

Do you have any relevant unspent criminal convictions? ☐ Yes ☐ No

**Note:** Relevant means offences against the person, whether of a violent or sexual nature, and convictions involving unlawful supplying or possessions of controlled drugs or substances. If you declare that, you have a conviction you will be asked to complete a separate information sheet. This is to help us assess any potential risk to yourself or others in the College. Having a criminal record will not necessarily prevent you from studying at the College, but that will depend on the course you choose and the circumstances of your offence. If you do not disclose a relevant conviction, which is ultimately discovered, this could result in your being excluded from the College. Where Yes has been ticked **Safeguarding Officer to sign confirming we can enrol this applicant.**

Name	Signature	DD / MM / YYYY
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## Section 7: Employer's Details

Employer/Company name

Contact name

Contact telephone number

Contact email

Name of Line Manager / mentor

Contact Number of Line Manager

Line Manager email

Employee's workplace address

Do you live in England: ☐ Yes ☐ No

What percentage of your working time is in England:

(if under 50% request full details from employer to check eligibility)

How many hours are you contracted to work:

**Section 8: Residency Assessment: Please complete and submit supporting evidence e.g. Passport.**

Country of Birth

Documented Nationality according to your Official Document:

I have the right of abode and been resident in the UK for the last 3 years ☐ Yes ☐ No

If you have NOT lived in the UK for the 3 years before the start of your course, on which date did you arrive in the UK

Which Country did you live in?

What is your current residency status in the UK (Click the relevant button)

- |  |  |
|--|--|
| <input type="checkbox"/> ACRS – Indefinite Leave to Remain (Afghan Citizens Resettlement Scheme ILR) (AEB only)  | <input type="checkbox"/> Humanitarian protection   |
| <input type="checkbox"/> ACRS – ARAP – Indefinite Leave to Remain (Afghan Relocation and Assistance Policy ILR)  | <input type="checkbox"/> Indefinite Leave to Enter   |
| <input type="checkbox"/> Asylum Seeker (Bail letter permits study)   | <input type="checkbox"/> Indefinite Leave to Remain  |
| <input type="checkbox"/> Asylum Seeker, in receipt of NASS and Bail letter permits study   | <input type="checkbox"/> Irish Citizen   |
| <input type="checkbox"/> British Citizen   | <input type="checkbox"/> Leave Outside the Rules   |
| <input type="checkbox"/> British Nationals evacuated from Afghanistan by UK government before 6 January 2022   | <input type="checkbox"/> Leave to Enter Exceptional with 3 years residency in the UK   |
| <input type="checkbox"/> British Nationals evacuated from Afghanistan under Operation Pitting  | <input type="checkbox"/> Leave to Remain Exceptional with 3 years residency in the UK  |
| <input type="checkbox"/> Child of a Turkish Worker with 3 years residency in the UK or ECAA prior to 31st Dec 2020   | <input type="checkbox"/> Leave to Remain with 3 years residency in the UK  |
| <input type="checkbox"/> Dependant Leave to Enter with evidence of Principal status in the UK, marriage or birth certificate and 3 years residency in the UK (NOT EUSS)  | <input type="checkbox"/> Leave to Enter with 3 years residency in the UK   |
| <input type="checkbox"/> Dependant Leave to Remain with evidence of Principal status in the UK, marriage or birth certificate and 3 years residency in the UK (NOT EUSS) | <input type="checkbox"/> Refugee   |
| <input type="checkbox"/> EUSS Pre Settled status with 3 years residency in the EU/EEA/Switzerland and UK   | <input type="checkbox"/> Section 67 of the Immigration Act 2016 Leave  |
| <input type="checkbox"/> EUSS Settled status with 3 years residency in the EU/EEA/Switzerland and UK   | <input type="checkbox"/> Self Employed visa  |
|  | <input type="checkbox"/> Short term study visa (International Team only)   |
|  | <input type="checkbox"/> Stateless and have lived in the UK for 3 years  |
|  | <input type="checkbox"/> Ukraine Extension Scheme  |
|  | <input type="checkbox"/> Ukraine Family Scheme   |
|  | <input type="checkbox"/> Ukraine Sponsorship Scheme (Homes for Ukraine)  |
|  | <input type="checkbox"/> The husband, wife, civil partner or child of a British resident who has 3 years residency in the UK |
|  | <input type="checkbox"/> Tier 2 Visa <input type="checkbox"/> Tier 5 Visa  |
|  | <input type="checkbox"/> Visitor Visa for 6 month course (International Team only)   |

**For Office Use Only (Applicant please scan us copies for proof of residency)**

Please state: Document reference/Passport, Country of issue and Number/ ID/Visa

Issue date of passport/  
visa/ biometric card:Expiry date of passport/  
visa/ biometric card:**Other residency documentation & notes.**

Please record supporting evidence in the box below e.g. Spouse Details, Home Office Letter details and dates.

(If the % of working time in England is less than 100% please provide details in this box)

I confirm the apprentice is eligible for funding based on the documents and information I have received (Name of Staff Member)

## Section 9: Learning Agreement and Declaration – Important: All Learners Must Read and Sign

### How we use your personal information

#### The ESFA's Privacy Notice

The ESFA has issued this privacy notice, on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English ESF Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it, and the sharing is in compliance with data protection legislation.

Further information about use of and access to your personal data held by the ESFA, details of organisations with whom it regularly shares data, information about how long it retains your data, and how to change your consent to being contacted, please view the ESFA: privacy notice <https://www.gov.uk/government/publications/esfa-privacy-notice>

The information you supply is used by the Learning Records Service (LRS). The LRS issues Unique Learner Numbers (ULN) and creates Personal Learning records across England, Wales and Northern Ireland, and is operated by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE). For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notices>

#### CCCG Learning Agreement Declaration

I confirm that I have received sufficient guidance from the College about: the choice of courses available to me; course entry requirements; my suitability for the course; the financial and learning support available to me, as appropriate.

I understand the College reserves the right to amend course arrangements as published, and merge or close classes if learner numbers cease to be viable. I agree to abide by the College's policies and procedures and Learner Code of Conduct (available at induction). I understand any breaches of these may result in disciplinary action being taken against me and my learning agreement terminated.

I agree to provide evidence of eligibility to study with us including evidence of 3 years residency.

I formally accept the learning programme specified on this form and confirm that all the information supplied on this form is correct. I understand if I have declared false information the College will take action against me to reclaim course fees and any associated costs. I give my consent to the College to record and process the information contained in this form where the College complies with its obligations under the GDPR guidelines.

CCCG processing includes the use of CCTV to maintain the security of the premises, to prevent, detect and investigate crime. CCCG reserves the right to contact parents/guardians/carers with parental responsibility for learners under the age of 18 on 31/08/2022 regarding but not exclusive to attendance, progression, discipline and any other matters. Parental responsibility is defined in Section 3 (1) of the Children Act 1989. Further information on your rights is available at: <https://ico.org.uk>

**European Social Fund (ESF) Match Funding:** Your programme of study has been directly or indirectly part-financed by the European Social Fund – helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources.

**By signing this enrolment declaration, I am confirming that the information I have provided is correct.**

**I have read the above statement about ESF Match Funding.**

**By signing this form, I am giving consent for CCCG to process my enrolment in line with the guidance above. I have read and accept the terms of Capital City College Group's Privacy Policy.**

A full version of the College's Privacy Notice and Capital City College Group Student Privacy Notice is available on our web site at:

<https://www.capitalccg.ac.uk/about-us/policies-reports-and-strategies>

I agree to be contacted for other purposes by ticking any of the following boxes:

About Courses or Learning Opportunities

For surveys and research

by post

by telephone

by email

Signature of learner

DD / MM / YYYY