

ENROLMENT FORM

LVST Learner Number (if known):

ULN (if known):

Please complete the form in **BLOCK CAPITALS** and in **BLACK** ink (where applicable).

Section 1 - Your personal details

Please enter your name as it appears on official documents:

(Please remember to let us know if you move address after applying/starting your course)

Gender:

Title:

Family name/Surname:

First name(s):

Address:

Postcode:

Date of Birth:

DD/MM/YYYY

Age on 31 August:

Telephone no:

Mobile no:

National Insurance no:

Email address:

Person to contact in an emergency

(If you are under 18 years old please give your parent or guardian's home and email addresses)

Name of person:

Address:

Postcode:

Email address:

Relationship to you:

Telephone no:

Mobile no:

Section 2 - The courses you are applying for/enrolling on at LVS Designs Training Centre

QUALIFICATION NAME	QUALIFICATION LEVEL

Not on the list? Type it here:

QUALIFICATION NAME	QUALIFICATION LEVEL

Section 3 - Recognition of Prior learning (RPL)

Information you provide on this enrolment form will be passed to the SFA/ESF, which is registered under the Data Protection Act 1984. The registration is primarily for the collection and analysis of statistical data but also allows the Council to share information with other organisations for the purposes of detecting fraud. Further information about data confidentiality is available on request from LVS Designs Training.

Please list any education and qualifications you have previously completed, or expect to obtain before you start our course. If English is not your first language, you must indicate which English language exams you have taken and passed. NB - copies of original certificates will be required.

Qualifications	Level	Grade	Date achieved
			DD/MM/YYYY

Other relevant learning

Qualifications	Level	Grade	Date achieved

Section 4 - Additional support

The training centre has a range of additional support. We welcome learners with disabilities, learning difficulties and health problems. Please mark the boxes that are appropriate to you. This will not affect your application but is to enable us to consider your additional support needs.

Disability

- ☐ No disability
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Disability affecting mobility
- ☐ Other

Please state below:

- ☐ I do not wish to give this information

Health

- ☐ No health problems
- ☐ Social and emotional/behavioural difficulties
- ☐ Mental health difficulty
- ☐ Aspergers syndrome
- ☐ Other medical condition (eg: epilepsy, asthma, diabetes)

Please state below:

- ☐ I do not wish to give this information

Learning Difficulty

- ☐ No learning difficulty
- ☐ Dyslexia
- ☐ Dyscalculia
- ☐ Dyspraxia
- ☐ Autism spectrum disorder
- ☐ Other learning difficulty

Please state below:

- ☐ I do not wish to give this information

Section 5 - DECLARATION

You may complete this [DECLARATION in a PDF format](#) to digitally sign your enrolment form.

I _____ (the learner) declare the following:

- ✓ I declare that the information I have given on my enrolment form is true and complete to the best of my knowledge and belief.
- ✓ I undertake to notify any material changes in the information I have given to Personnel concerned.
- ✓ I understand that any false statement or omission in the information I have given may disqualify me from completing the qualification.
- ✓ I understand that I will be required to provide documentary proof of identity.
- ✓ I declare that I give you authorisation to use my ULN to gather educational information about me, credit reference agencies, personal referees etc. for verification of any information contained within my enrolment form.
- ✓ I agree to follow the rules and procedures of LVS Designs Training to achieve my qualification.
- ✓ I understand that if I take a payment plan with LVS Designs Training I will be required to pay in full before my certificate is released to me.
- ✓ I understand my data is used according to the GDPR policy; found on LVS Training website:
<https://LVSTraining.co.uk/our-policies>

Learner Signature: (Print & Sign your full name below)

Date: DD/MM/YYYY

Parent/Guardian Signature: (Print & Sign your full name below)
(Only if learner is under 18 years old)

Date: DD/MM/YYYY

Section 6 - Equal opportunities

We are committed to equal opportunities. Please tick the box which best describes your ethnicity:

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black/African/Caribbean/ Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

Mixed/multi ethnic group

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

White

- ☐ English/Welsh/Scottish/
Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background
- ☐ I do not wish to give this information

Section 7 - How you heard about LVS Designs Training

In order that we target our publicity more effectively, we would be grateful if you would tell us how you heard about LVS Designs Training - please tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Email |
| <input type="checkbox"/> Social media platform | <input type="checkbox"/> Other (Please state below) |
| <input type="checkbox"/> Radio | |

The end of the enrolment form

PLEASE NOTE – Your completed form will be emailed as an attachment but it will NOT be saved unless you save it independently.

Alternatively, print, complete, sign, scan or complete the [PDF version](#) and sign it digitally. All completed enrolment forms **MUST** be emailed to us at enrol@LVSTraining.co.uk

Learner Full name: _____ Variable here

TRAINING CENTRE USE ONLY ACCEPTANCE AUTHORISATION:	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Conditional
Name: _____	Date: _____ Signature: _____
Describe the conditional acceptance:	
START DATE:	FINISH DATE:
Primary learning aim	Secondary learning aim

Initial Assessments (AI)

Literacy score: _____ Numeracy score: _____

Learning style ☐ Hands on ☐ Visual ☐ Auditory

LIVE Assessments passed

 English ☐ Reading ☐ Writing ☐ Speaking & Listening

LIVE Assessments passed

 Maths ☐ Calculator ☐ Non-calculator

LIVE Assessments passed

☐ ICT