Enrolment Form – Study Programme

The Ridge Employability College 2024/25

Post Code Sex Male Post Code Pemale Post Code Post Code Post Code Pemale Post Code	1. Pers	onal d	etails											
Post Code Length at address	Full Na	ame												
Post Code Length at address							Hov	w old are	you?					
Post Code National Insurance No. (to obtain call 0845 9157006)	Countr	ry of Bi	rth				Nat	ionality						
Sex Male National Insurance No. (to obtain call 0845 9157006)	Addres	SS							•					
Telephone no. Email address Unique Learner Number (ULN, if known) 2. Ethnicity English / Welsh / Scottish / Northern Irish / British Irish African / Arrican / Caribbean background / YES					Post Code			Length a	t addr	ess				
Email address	Sex	Sex Male - Female -												
Caribbean Cari	Teleph	one no					Мо	bile No.						
2. Ethnicity English / Welsh / Scottish / Northern Irish / British White and Black Caribbean Indian Any other Asian background Irish White and Black African African Gypsy or Irish Traveller White and Asian Bangladeshi Caribbean Any Other White background Any Other Mixed / multiple ethnic background Arab Any other (please state): 3. Learning Difficulties/Disabilities/Circumstances (Please tick Yes or No) Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked None on both sections. 3.1 Disability or Health Problem 3.2 Learning Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None 3.2 Circumstances Do you fall into any of the below categories? – tick all that apply Excluded from school Ex Offender	Email a	addres	5											
English / Welsh / Scottish / Northern Irish / British Caribbean Milte and Black Milte and Asian Bangladeshi Caribbean Milte and Asian Milter	Unique	Learne	er Nur	nber (ULI	N, if known)									
English / Welsh / Scottish / Northern Irish / British Caribbean Milte and Black Milte and Asian Bangladeshi Caribbean Milte and Asian Milter														
English / Welsh / Scottish / Northern Irish / British Caribbean Milte and Black Milte and Asian Bangladeshi Caribbean Milte and Asian Milter	2. Fthn	nicity												
Notinem Irish Fritish Caribbean African African African African African Any Other White background Any Other Mixed / multiple ethnic background Any other (please state): 3. Learning Difficulties/Disabilities/Circumstances (Please tick Yes or No)	Engli	sh / We						ndian		Any	other Asi	an hacl	karound	
African Paksian African Paksian African African African African Any Other White and Asian Any Other Mixed / multiple ethnic background Any Other Mixed / multiple ethnic background Any other (please state): 3. Learning Difficulties/Disabilities/Circumstances (Please tick Yes or No)	N	lorthern	Irish / I	British			•	- Indian		7 (11)	0011017101			
Any Other White background		Iri	sh			ack	Pa	akistani			Afı	ican		
Any Other White background Arab Any other (please state): 3. Learning Difficulties/Disabilities/Circumstances (Please tick Yes or No) Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem 3.2 Learning Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? – tick all that apply Excluded from school Ex Offender	Gyps	sy or Iris	h Trav	eller			Ban	gladeshi			Cari	bbean		
Arab Arab Ary other (please state): 3. Learning Difficulties/Disabilities/Circumstances (Please tick Yes or No) Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem 3.2 Learning Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Any Other White background					C	hinese							
3. Learning Difficulties / Disabilities / Circumstances (Please tick Yes or No) Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem Securing Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? – tick all that apply Excluded from school Ex Offender	,			9	background	b				(Caribbean	backgr	ound	
Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem Securing Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Autism Impairment Mental health Mild/Moderate Autism Impairment Autism Impairment Mental health Mild/Moderate Autism Impairment Impairment Mental health Mild/Moderate Impairment Multiple Impairment Impai		A	rab		Any other (plea	se state):								
Do you consider yourself to have a learning difficulty, disability or health problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem Securing Difficulty Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Autism Impairment Mental health Mild/Moderate Autism Impairment Autism Impairment Mental health Mild/Moderate Autism Impairment Impairment Mental health Mild/Moderate Impairment Multiple Impairment Impai														
problem? If ticked YES then tick the applicable boxes below. If you have ticked NO then please tick None on both sections. 3.1 Disability or Health Problem Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Autism Profund Complex Dyslexia Multiple Other specific Other physical Profund complex Dyslexia Multiple Other medical Aspergers syndrome Other: None Other: Other: None Other: Ot														
Visual impairment Emotional/Behavioural English/Maths/Language Dyspraxia Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender										Т				
Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble	ı consi m? If t	der yo icked	urself to	have a learning n tick the applica	difficulty ble boxe	, disabilit	y or healt	h		YES		NO	
Hearing impairment Mental health Mild/Moderate Autism Mobility affected ADHD Severe Other specific Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble ticked I	ı consion? m? If t NO ther	der yo icked pleas	urself to YES the e tick No	have a learning n tick the applica ne on both section	difficulty ble boxe	, disabilit s below.	y or healt If you have	h e		YES		NO	
Other physical Profound complex Dyslexia Multiple Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble ticked !	i consider (in consider) If the considering th	der yo icked pleas y or H	urself to YES the e tick No	o have a learning n tick the applica ne on both section oblem	difficulty ble boxe s.	, disabilit s below. :	y or healt If you have	h e iculty					
Other medical Aspergers syndrome Dyscalculia Not known Other: None Other: None If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble ticked I	u consion considerated the considerate the con	der yo icked pleas y or H	urself to YES the e tick No	have a learning n tick the applica ne on both section oblem Emotional/Behaviour	difficulty ble boxe s.	y, disabilit s below. 3.2 Lea English/	y or healt If you have rning Diff Maths/Langu	h e iculty			Dysprax	ria	
Other: None Other: None None None Other: None None None None Strict all that apply Excluded from school Ex Offender	Do you proble ticked ! 3.1 Di Visu Hear	u consider If the NO there is a bilit wal impairing impairing imparts.	der yo icked pleas y or H ment irment	urself to YES the e tick No	o have a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health	difficulty ble boxe s.	y, disabilit s below. 3.2 Lea English/	y or healt If you have rning Diff Maths/Langu d/Moderate	h e iculty			Dysprax Autism	kia	
If you have ticked 'Other' Please give details below: 3.2 Circumstances Do you fall into any of the below categories? – tick all that apply Excluded from school Ex Offender	Do you proble ticked! 3.1 Di Visu Hear	I consider	der yo icked i pleas y or H ment irment ected	urself to YES the e tick No	o have a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD	difficulty ble boxe s.	3.2 Lea English/	y or healt If you have rning Diff Maths/Langu d/Moderate Severe	h e iculty			Dysprax Autism her spe	cific	
3.2 Circumstances Do you fall into any of the below categories? – tick all that apply Excluded from school Ex Offender	Do you proble ticked ! 3.1 Di Visu Hear Mo Ot	I consider of the considering impairing impairing impairing impairing impairing imparts of their physical considering imparts of their physical co	der yo icked pleas y or H ment irment ected sical	urself to YES the e tick No	o have a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex	difficulty ble boxe s.	3.2 Lea English/	y or healt If you have rrning Diff Maths/Langu d/Moderate Severe Dyslexia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific	
Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble ticked! 3.1 Di Visu Hear Mo Ot	I consider of the considering impairing impairing impairing impairing impairing imparts of their physical considering imparts of their physical co	der yo icked pleas y or H ment irment ected sical	urself to YES the e tick No	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome	difficulty ble boxe s.	3.2 Lea English/	y or healt If you have rrning Diff Maths/Langu d/Moderate Severe Dyslexia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
Do you fall into any of the below categories? — tick all that apply Excluded from school Ex Offender	Do you proble ticked ! 3.1 Di Visu Hear Mo Other:	I consider	der yo icked pleas y or H ment irment ected sical	verself to YES the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None	difficulty ble boxe s.	3.2 Lea English/	y or healt If you have rrning Diff Maths/Langu d/Moderate Severe Dyslexia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
Excluded from school Ex Offender	Do you proble ticked ! 3.1 Di Visu Hear Mo Ot Other:	I consider	der yo icked pleas y or H ment irment ected sical	verself to YES the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None	difficulty ble boxe s.	3.2 Lea English/	y or healt If you have rrning Diff Maths/Langu d/Moderate Severe Dyslexia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
	Do you proble ticked ! 3.1 Di Visu Hear Mo Other: If you ha	I consider I consider I for I	der your de la comment de la c	etr' Please	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	J, disabilities below. 3.2 Lea English/ Mil Other:	y or healt If you have rning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
	Do you proble ticked ! 3.1 Di Visu Hear Mo Other: If you ha 3.2 Cir Do you	I consider I consider I for I	der your de comment exted exte	yES the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	3.2 Lea English/ Mil Other:	y or healt If you have rning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
	Do you proble ticked I Visu Hear Mo Ot Other: If you have a same	I consider I for the I for	der your dicked of pleas of pl	yes the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	3.2 Lea English/ Mil Other: Il that app Ex Offence	y or healt If you have rning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
Care Leaver Parent / Single Parent	Problem ticked in the	I consider I consider I for I	der yoicked pleas y or H ment irment ected sical lical d'Othe	yes the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	J. disability is below. 3.2 Lea English/ Mil Other: Il that app Ex Offeno Homeless	y or healt If you have Irning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	
In Care Carer	Do you proble ticked ! 3.1 Di Visu Hear Mo Other: If you ha 3.2 Cir Do you Exclude Non-att Drug/al	I consider	der yoicked pleas y or H ment irment ected sical lical d'Othe	yes the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	J. Lea English/ Mil Other: By Offend Homeless Pregnant	y or healt If you have rning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	iculty uage		Ot	Dysprax Autism her spe Multipl	cific e	
	Do you probled ticked I Visu Hear Mo Other: If you has a Sala Cir Do you Exclude Non-att	I consider I consider I for I	der yoicked pleas y or H ment irment ected sical lical d'Othe	yes the e tick No ealth Pr	chave a learning n tick the applica ne on both section oblem Emotional/Behaviour Mental health ADHD Profound complex Aspergers syndrome None give details below:	difficulty ble boxes.	J. disability is below. 3.2 Lea English/ Mil Other: Il that app Ex Offeno Homeless	y or healt If you have Irning Diff Maths/Langu d/Moderate Severe Dyslexia Dyscalculia	h e iculty		Ot	Dysprax Autism her spe Multipl	cific e	

CONFIDENTIAL

4. Please state wh	4. Please state what qualifications you hold:									
	fications in	the order you obtained	them, m	ost recent at th	ne top.					
4.4 What ask as //	II d:	la et es te 2	_							
4.1 What school/	college did	I you last go to?								
4.2 Have you take If yes, was it Bron		Duke of Edinburgh? or Gold?								
Please tell us wha	t your qua	alifications are (pleas			-					
	Subjec	<u>t</u>	Lev	Level (e.g. GCSE, NVQ) Result				Date		
Other than here, a	re you cur	rently enrolled at any	y other s	school/colleg	je \	res □	N	O 🗆		
5. Employment Reco	rd	Are you currently em	nloved?	Ye	S n		No	П		
Please give details		(paid, unpaid or voluntar	• •			en doing th			hs:	
Name and addre	ess	Position / Job		e of work / d		From (month	To (ı	month /	
of employ	er	Title	.,,,	- TOTAL TOTAL TOTAL		/ ye	ar)	У	ear)	
6 Dueferred Duegree	sien. Dlos	oss tick ONE have that a	مايين مييام	at vou want to	nuo auo co 1	ho.				
	Sion: - Plea	ase tick ONE box that sl	HOWS WITE	at you want to	progress					
I want to get a job	dont livin	g or supported empl	ovmont							
I want to gain indeper I want to go to college			yment							
I want to go to conege	e/Turther I	earning								
7. Criminal		welcomes applications from								
Convictions Do you have any of		o tell us about any convicti ving criminal convicti					or Offend	ers act	(19/ 4).	
				1				_		
		applying for a course inv rable adults. Applicants		A Criminal of whether of						
these courses will be re	equired to c	complete a Criminal Reco		involving ur	nlawfully si	upplying co	ntrolled o	drugs o	or	
Bureau (CRB) Enhanced Disclosure document. YES / NO substances where the conviction concerns commercial drug trafficking. YES / NO								nercial		
Please note: you do not r		e yes if your criminal convi	ction is sn					\ct 197	4	
rease note: you do <u>not</u> !	icea to circle	, yes ii your criminar convic	Ction 13 3p	ent as achinea b	y the Renal	Silicación or c	inchacis r	100 137	''	
. Emergency Contact					, .					
	e and conta I	act details of someone w	ve can co	ntact in the ev	ent of an o	emergency	:			
Name:					ı					
Relationship to you			Conta	ct number						
Name:					ı					
Relationship to you			Conta	ct number						
Name:										
Relationship to you			Conta	ct number						

CONFIDENTIAL

9. Last Few Questions					
9.1 Do you have a social worker? Yes No If yes, name:					
9.2 Were you born in the UK?	Yes		No		
9.3 Have you lived in the UK for the past four years? (If NO - please bring in your	Yes		No		
9.4 Are you aged 16,17 or 18?	Yes		No		
9.5 Are you currently in receipt of any benefits? (e.g Universal Credit/Income Support/Disability Living Allowance /PIP/Employment Support Allowance) If yes, please provide details:	Yes		No		
9.6 How long have you been unemployed?					
9.7 Do you intend to look for work whilst on this programme?	Yes		No		
need to know? (e.g. Any extra support you have previously had, or maybe you have a	appoin t men	ts on cei	tain days)		
How We Use Your Personal Information This privacy notice is issued by the Education and Skills Funding Agency (ESFA) on behalf of the Sec inform learners about the Individualised Learner Record (ILR) and how their personal information is DEE to exercise our functions under article 6(1)(e) of the UK GDPR and to meet our statutory responshildren and Learning Act 2009. Our lawful basis for using your special category personal data is confarticle 9(2)(g)) of GDPR legislation. This processing is under Section 54 of the Further and Higher Each ILR collects data about learners and learning undertaken. Publicly funded colleges, training organist collect and return the data to the ESFA each year under the terms of a funding agreement, componey distributed through the ESFA is being spent in line with government targets. It is also used for purposes, including research.	used in the II sibilities, inclu vered under S ducation Act nisations, loc ntract or gran	LR. Your uding und ubstantia (1992). al author tagreem	personal infi ler the Appr il Public Inte ities, and er ent. It helps	ormation is renticeships erest based mployers (F s ensure tha	used by the , Skills, in law E providers) at public
We retain your ILR learner data for 20 years for operational purposes (e.g. to fund your learning and etained in our research databases until you are aged 80 years so that it can be used for long-term rand the data collected, please see the ILR specification at https://www.qov.uk/qovernment/collection LR data is shared with third parties where it complies with DfE data sharing procedures and where the fund (ESF) Managing Authority (or agents acting on their behalf) may contact learners to carry out raining.	research purp ns/individualis the law allows	oses. For sed-learn it. The I	more informer- er-record-ilr ofE and the	mation abou : English Eui	ut the ILR ropean Social
For more information about how your personal data is used and your individual rights, please see the https://www.gov.uk/government/organisations/department-for-education/about/personal-informationttps://www.gov.uk/government/publications/privacy-notice-for-key-stage-5-and-adult-education)					
f you would like to get in touch with us or request a copy of the personal information DfE holds abo Using our online contact form https://form.education.gov.uk/service/Contact the Departn By telephoning the DfE Helpline on 0370 000 2288 Or in writing to: Data Protection Officer, Department for Education (B2.28), 7 & 8 Wellingt you are unhappy with how we have used your personal data, you can complain to the Information	on Place, We	<u>cation</u> Ilington S	treet, Leeds		,
Nycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. You can also call their helpline on 0303 1	23 1113 or v	isit <u>https:</u>	//www.ico.o	org.uk	
You can agree to be contacted by other third parties by ticking any of the follo	wing boxes	5:			
About courses or learning opportunities.					
For surveys and research. Le rDeclaration					
Please sign below to confirm the details given above are correct to the	best of vo	our kno	owledge	, that yo	u
unstand how we use your information and agree to the Data Protect	_				
Signed: Date:					

CONFIDENTIAL **LEARNING PROVIDER TO COMPLETE**

**LEARNING P	ROVIDER	TO CON	MPLETE*	*	
Programme information					
Start Date					
Expected End Date		Pla	nned GLI	1	
Organisation		·		•	
Residency check					
Document seen to confirm residency			Verifie	ed photocopy at	tached
					<u> </u>
Learning agreement with The Ridge Emp	olovahility	College	.		
Qualification Reference/Name	GLH		Date	End Date	Achieved?
•					
Actions			Sian	ature	Date
Actions			Sigil	ucuic	Dute
Eligibility check carried out and learner is eligib	le				
Language signature					
Learner signature Please sign below					

The Ridge Employability College	Authorised by: S Brookes	Issue date: May 2023
Registered in England No. 09854462	Issue number: 5	Review date: May 2024

Date:

Signed: