

.COMMUNIWEB

Title:	First name(s):	Last name:								
Sex: M / F	Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Age:
D	D	M	M	Y	Y	Y	Y			

Address:**Postcode:****Telephone No:****Mobile No:****E-mail:****Skype Username:****Has this learner learnt with learndirect before?**

Y / N

If yes, what is the learner's username?

If the learner is under 19 years of age. Note here the reason for enrolling onto funded **learndirect**:

learndirect and its approved partners may contact the learner for the following purposes:

Please tick as many boxes as appropriate to show how the learner wishes their details to be used.

a) customer feedback to help us improve our service b) to keep the learner up to date with **learndirect** developments and offers:By Post By Email By Telephone By SMS
Ethnicity (For funding must be a country in the EC) (L24)

Ethnicity:

Reason for funding eligibility (ie: EC Member):

Have you lived within the UK for the last 3 years for reasons other than education? Yes/No (circle as applicable)

To which ethnic group does the learner consider themselves to belong? (L12) Tick one only

Asian or Asian British - Bangladeshi(11) <input type="checkbox"/>	Asian or Asian British - any other Asian background(14) <input type="checkbox"/>	Black or Black British - any other Black background (17) <input type="checkbox"/>	Mixed - White and Black African (20) <input type="checkbox"/>	White – British (23) <input type="checkbox"/>	Any other (98) <input type="checkbox"/>
Asian or Asian British – Indian (12) <input type="checkbox"/>	Black or Black British – African (15) <input type="checkbox"/>	Chinese (18) <input type="checkbox"/>	Mixed - White and Black Caribbean (21) <input type="checkbox"/>	White – Irish (24) <input type="checkbox"/>	Not known / not provided (99) <input type="checkbox"/>
Asian or Asian British – Pakistani (13) <input type="checkbox"/>	Black or Black British – Caribbean (16) <input type="checkbox"/>	Mixed - White and Asian (19) <input type="checkbox"/>	Mixed - any other Mixed background (22) <input type="checkbox"/>	White - any other White background (25) <input type="checkbox"/>	

Where did the learner hear about learndirect?
Other – please state TV/Radio Newspaper/
Magazine Leaflet/Mailing Word of Mouth Library
Has the learner done any learning in the last 3 years other than at school (eg. courses or on the job training)?
Yes No Don't Know First Time Online

Do you have any qualifications in Maths and English? (If so please note)

What is the learner's current employment status?
Employed Unemployed Full time education Self employed Still at school Economically inactive not known/not provided

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Employment Security		In secure employment <input type="checkbox"/>	Threatened with redundancy <input type="checkbox"/>	
Employers Name:		Telephone No:		
Business Sector (eg. manufacturing):				
What date did you commence employment with your current employer?				
Type and Size of Employer		Public sector organisation <input type="checkbox"/>	Large organisation <input type="checkbox"/>	Micro SME (1-9 employees) <input type="checkbox"/>
Small SME (10-49 employees) <input type="checkbox"/>	Medium SME (50-249 employees) <input type="checkbox"/>	Not know/not provided <input type="checkbox"/>		Not employed <input type="checkbox"/>
A19 If the learner's employer is giving the learner any help or support (Tick one only)				
01 Work-relevant, released to study <input type="checkbox"/>		02 Work-relevant, not released to study <input type="checkbox"/>		09 Neither of these <input type="checkbox"/>
If unemployed, please state how long		Less than 6 months <input type="checkbox"/>	6-11 months <input type="checkbox"/>	12-23 months <input type="checkbox"/>
24-35 months <input type="checkbox"/>		Over 36 months <input type="checkbox"/>	Not known/not provided <input type="checkbox"/>	
Seeking Work?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please list all of the qualifications that you currently hold (provable by certificates) and the dates you achieved:				
Tick the main one if more than one applies or 90 'Multiple Disability' for two or more of equal severity L15				
None (98) <input type="checkbox"/>	Not known/not provided (99) <input type="checkbox"/>			
Visual Impairment (01) <input type="checkbox"/>	Hearing impairment(02) <input type="checkbox"/>	Disability affecting mobility (03) <input type="checkbox"/>	Other Physical Disability (04) <input type="checkbox"/>	Other Medical Condition, please specify: (05) <input type="checkbox"/>
Emotional/ Behavioural Difficulty (06) <input type="checkbox"/>	Mental Ill Health(07) <input type="checkbox"/>	Temporary Disability(08) <input type="checkbox"/>	Profound/ Complex Disabilities (09) <input type="checkbox"/>	Multiple Disabilities(09) <input type="checkbox"/> Other (97) <input type="checkbox"/>
Tick the main one if more than one applies or 90 'Multiple Learning Difficulties' for two or more of equal severity L16				
None (98) <input type="checkbox"/>	Not known/not provided (99) <input type="checkbox"/>			
Moderate Learning Difficulty (01) <input type="checkbox"/>	Severe Learning Difficulty (02) <input type="checkbox"/>	Dyslexia (10) <input type="checkbox"/>	Dyscalculia (11) <input type="checkbox"/>	
Other Specific learning difficulty, please specify: (19) <input type="checkbox"/>		Multiple Learning Difficulties (90) <input type="checkbox"/>	Other (97) <input type="checkbox"/>	
STAFF USE ONLY:				
Reason for fee waiver (not all entries here will trigger a fee remission payment) A14				
Indicate here the reason why the learner has not been charged a fee. Refer to the 'ILR field values document' on Providers Portal for information about what to do if more than one reason applies.				
What evidence has been retained or has been seen to support a claim for fee remission?				
Staff name (Please Print):		Staff Signature:		
Learner name (Please Print):		Learner Signature:		
Centre:		Date:		
		USERNAME:		
Prior Attainment Level		Entry Level (09) <input type="checkbox"/>	Other, below level1 (07) <input type="checkbox"/>	Level 1 (01) <input type="checkbox"/>
Full Level 2 (02) <input type="checkbox"/>	Full Level 3 (03) <input type="checkbox"/>	Level 4 (04) <input type="checkbox"/>	Level 5 (05) <input type="checkbox"/>	
No qualifications (99) <input type="checkbox"/>				

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