

# ACL - Learning for Work Enrolment Form

The Learning for Work program is designed to support individuals to re-engage in learning with the view to progressing to employment, further education, training or volunteering. These courses are funded by the Welsh Government and are therefore free to eligible individuals.

Do you wish to receive correspondence from us in  English or  Welsh  
Do you wish to take this course in the Welsh language  Yes or  No

## 1. Eligibility Information

If you are unsure whether you are eligible to attend the course for free please contact:  
Severn Road Centre on 029 2087 2030

Please tick which best describes your situation

- I am employed  I am unemployed and seeking work  
 Part Time  Full Time  I am unemployed not seeking work

Please tick which applies to you

- I am not in education, employment or training and I am in receipt of one of the benefits as listed below.  
 I am over 50 years of age and not in full-time employment.

Please tick which applies to you

- |                              |   |                              |                                     |
|------------------------------|---|------------------------------|-------------------------------------|
| <input type="checkbox"/> B3  | Income Support/ Pension Credit *                      | <input type="checkbox"/> B9  | Employment Support Allowance (ESA)  |
| <input type="checkbox"/> B4  | Working Tax Credit                                    | <input type="checkbox"/> B10 | Industrial Displacement Benefit     |
| <input type="checkbox"/> B5  | Jobseekers Allowance                                  | <input type="checkbox"/> B11 | Carer's Allowance                   |
| <input type="checkbox"/> B6  | Housing Benefit                                       | <input type="checkbox"/> B12 | Incapacity Benefit                  |
| <input type="checkbox"/> B7  | Exceptionally Severe Disablement Allowance            | <input type="checkbox"/> B13 | Council Tax Benefit Reduction **    |
| <input type="checkbox"/> B8  | Disability Living Allowance                           | <input type="checkbox"/> B14 | Personal Independence Payment (PIP) |
| <input type="checkbox"/> B3  | *Does not relate to savings element of pension credit | <input type="checkbox"/> B15 | Universal Credit                    |
| <input type="checkbox"/> B13 | ** Does not relate to single person reduction         |                              |                                     |

## PLEASE COMPLETE IN CAPITAL LETTERS

### 2. Personal Details

Title: Mr/Miss/Mrs/Ms/Other  Gender  M  F  O  
Forename  Date of Birth     
Surname  Surname at age 16

### 3. Address

House No. & Street  Town/City   
Area  Post Code

### 4. Contact Details

Mobile           Home Tel            
E-mail

### 5. Course information

Course Code           Term  Autumn  Spring  Summer  
Course Title  Day  M  Tu  W  Th  F  Sa  Su  
Date Learner starts course    Time  :   
HH MM

## 6. National Identity

Welsh  Scottish  Irish  English  British  Hong Kong British National  Other ↓

Have you been resident in the UK for the last 3 Years?

If not, refer to our office for advice and enter your permanent country of domicile:

## 7. Ethnicity

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> White           | <input type="checkbox"/> Irish                 | <input type="checkbox"/> Gypsy/Irish Traveller   | <input type="checkbox"/> Other White     |
| <input type="checkbox"/> White & Asian   | <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Caribbean             | <input type="checkbox"/> Black African           | <input type="checkbox"/> Other Black     |
| <input type="checkbox"/> Bangladeshi     | <input type="checkbox"/> Pakistani             | <input type="checkbox"/> Indian                  | <input type="checkbox"/> Other Asian     |
| <input type="checkbox"/> Arab            | <input type="checkbox"/> Chinese               |  | <input type="checkbox"/> Other Ethnicity |

## 8. Help & Support

**Do you have a disability, learning difficulty, mental health problem or any long standing illness?**

- Yes**, Please select below       **No**, Go to section 9
- |  |  |
|--|--|
| <input type="checkbox"/> Visual impairment                               | <input type="checkbox"/> Severe learning difficulties                    |
| <input type="checkbox"/> Hearing impairment                              | <input type="checkbox"/> Profound and multiple learning difficulties     |
| <input type="checkbox"/> Physical and/or medical difficulties            | <input type="checkbox"/> Specific learning difficulties                  |
| <input type="checkbox"/> Behavioural, emotional and social difficulties  | <input type="checkbox"/> SPLD - dyslexia                                 |
| <input type="checkbox"/> Multi-sensory impairment                        | <input type="checkbox"/> SPLD - dyscalculia                              |
| <input type="checkbox"/> Autistic spectrum disorders                     | <input type="checkbox"/> SPLD - dyspraxia                                |
| <input type="checkbox"/> Speech, language and communication difficulties | <input type="checkbox"/> SPLD - attention deficit hyperactivity disorder |
| <input type="checkbox"/> Moderate learning difficulties                  | <input type="checkbox"/> General learning difficulties                   |

**Name of Support Organisation, if applicable**

**Full contact name and telephone number**

**Will you need Support with your Learning?** (e.g. large print, hearing loop, etc.)

**No**     **Yes**, please specify

**Help to evacuate the building in the event of an emergency/ fire drill?**(eg. I use a wheelchair)

**No**     **Yes**, please specify

## 9. Languages

Do you know how to read/ write/ speak in English?     Read     Write     Speak     None

Do you know how to read/ write/ speak in Welsh?     Read     Write     Speak     None

**Please indicate your level of Welsh language skills**

**Fluent Welsh Speaker**       **Welsh Speaker not Fluent**       **Not a Welsh Speaker**

Level:	Pre-Entry E.g. Agored Cymru, pre-entry credits	Entry Level E.g. Agored Cymru entry credits	Level 1 E.g. GCSE D-G	Level 2 E.g. GCSE A*- C	Level 3 and above E.g. AS, A level
Welsh 1st Language					
Welsh 2nd Language					

I consent to receiving marketing information about future learning opportunities. I understand I can withdraw my consent at any time. I would like to receive this via text/email. (Circle your preference, or both.)

I consent to receiving communication about my enrolment. I can withdraw my consent at any time. This data will be confidential with no personal identification in the data. I understand personal responses/comments will not be cited in published articles or professional presentation without my express consent. Such permissions are covered by a separate consent. I would like to receive this via text/email. (Circle your preference or both.)

I am aware I will be referred to the Into Work Advice Service and be assigned an Into Work Mentor as a result of enrolling on this course. This referral may be shared with other departments, used for your benefit or for fraud prevention.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. Further details of how your data is processed and shared can be found at [www.wales.gov.uk/llwr](http://www.wales.gov.uk/llwr) and [www.learningrecordsservice.org.uk](http://www.learningrecordsservice.org.uk).

**Signature**.....