**Islington Adult Community Learning** 

**Enrolment Form 2020/21 – YES / Kickstart Programme\***

**\***delete where appropriate

**Course Details**

Course Name: Course Code: Venue: ONLINE Start Date: End Date:

**Personal Details**

Title:

First and Middle Name:

Family Name:

Address:

Post Code:

Tel. no.:

E-mail:

Date of Birth:

Gender/Sex: Male or Female\*

What is your ethnic background? Please 🗸 below:

|  |  |
| --- | --- |
| British / Northern Irish |  |
| Irish |  |
| Gypsy / Irish Traveller |  |
| White other |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other – mixed / multiple |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian |  |
| Black African |  |
| Black Caribbean |  |
| Any other black background |  |
| Arab |  |
| Any other ethnic group |  |

What is your first language?

What is your nationality?

Employment status - are you? Please 🗸

|  |  |
| --- | --- |
| In paid employment |  |
| In paid employment and self-employed |  |
| Unemployed- looking for work |  |
| Unemployed – not looking for work |  |
| and Retired |  |

Do you think you have a learning difficulty and/ or disability and/ or health problem? Yes or No\*

How did you hear about this course?

**Privacy Notice and Self-declaration**

This privacy notice is issued by Islington Adult Community Learning (IACL). For the purposes of relevant data protection legislation, London Borough of Islington is the data controller for personal data processed and is also registered under the relevant data protection legislation. The information supplied on this form will be retained by IACL with whom you study. Your personal information is used by the IACL to exercise its functions and to meet its statutory responsibilities. 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. IACL 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.

You can agree to be contacted for other purposes by 🗸 any of the following boxes:

|  |  |
| --- | --- |
| about courses or learning opportunities |  |
| for surveys and research |  |
| by phone |  |
| by email |  |
| by post |  |

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit London Borough of Islington privacy notices at: <https://www.islington.gov.uk/about-the-council/information-governance/data-protection/privacy-notice> and IACL’s: <https://www.islington.gov.uk/about-the-council/information-governance/data-protection/privacy-notice/islington-adult-community-learning-privacy-notice>

I declare that the information I have given is correct, to the best of my knowledge. I will notify IACL if there is a change in my circumstances, such as employment and residency statuses.

I am aware that London Borough of Islington ACL programmes help develop employment by promoting employability, enterprise and equal opportunities, and I agree to abide by Islington ACL’s rules, terms and conditions.

I confirm that I have read the notice above and agree to the collection, processing and sharing of data on this form for the purposes listed above.

Learner signature: Date:

Islington residency checked – Yes/No\* by: date:

Details complete and checked – Yes/No\* by: date:

MIS input – Yes/No\* by: date:

