

### Learner Details

Hampshire Learning is funded by Hampshire County Council and the Learning and Skills Council. The information requested below helps to show how funding is being used and to plan improvements to the provision offered in Hampshire. The County Council seeks to ensure that adult and family learning opportunities are accessible to the widest range of learners possible.

Title: Mr / Miss / Mrs / Ms / Other (please state):		Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Surname (family name):		Date of Birth:                    /                    /	
First Name:		<i>Your date of birth is requested so that we can monitor our effectiveness in providing for all age groups.</i>	
Home Address: .....			
.....			
.....			
Home Postcode:		Before this course, when did you last attend a structured programme of learning?	
Telephone		In the last 3 years... <input type="checkbox"/>	
Day:		Over 3 years ago... <input type="checkbox"/>	
Evening:			
E-mail address:			
Please delete as required <i>I would/would not like an emailed acknowledgement of my payment and have.. provided my email address...</i>			

### Course/Learning Details

Course Code	Course Title	Venue	Day	Planned Start Date	Planned End Date	Fee Paid (£)

**Please tick if appropriate**

**I am an ACA Member and therefore entitled to a 10% discount**

**I am over 60 and therefore entitled to a 25% discount if I provide my date of birth**

**If you are paying a concessionary fee please indicate the reason below and supply supporting evidence:**

Receiving Pensions Credit <input type="checkbox"/>	Receiving Council Tax or Housing Benefit <input type="checkbox"/>
Receiving Income based Job Seekers Allowance <input type="checkbox"/>	Asylum seeker or their dependant <input type="checkbox"/>
Receiving Working Families' Tax Credit or Disabled Persons Tax Credit. Income limit £15,575 <input type="checkbox"/>	Other <input type="checkbox"/> Please specify

**Ethnic Monitoring: We ask for your ethnic origin so that we can ensure our courses and services are reaching all ethnic groups. From the options given, please tick the box that you feel best describes your ethnic origin:**

Asian or Asian British ...	<input type="checkbox"/>	Black or Black British ...	<input type="checkbox"/>	Mixed ...	<input type="checkbox"/>	White ...	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	British	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other Black	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Any other white	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	background		Any other mixed background	<input type="checkbox"/>	background	
		Chinese	<input type="checkbox"/>			Any other	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>						

**Meeting your support requirements**

Hampshire County Council is committed to meeting the requirements of disabled people, for example visual impairment, hearing impairment, mental health difficulty, mobility difficulty.

Please let us know if you would like information on the support available by indicating below whether you would like to receive written information or to be contacted by a member of staff.

**Do you have a disability or learning difficulty that may affect your learning** Yes...  No...


If you are happy to do so, please indicate the nature of your disability or learning difficulty

Visual Impairment ...	<input type="checkbox"/>	Mental health difficulty ...	<input type="checkbox"/>	Dyslexia ...	<input type="checkbox"/>
Hearing Impairment ...	<input type="checkbox"/>	Aspergers Syndrome ...	<input type="checkbox"/>	Dyscalculia ...	<input type="checkbox"/>
Disability affecting mobility ...	<input type="checkbox"/>	Temporary disability after illness or accident ...	<input type="checkbox"/>	Other specific learning difficulty ...	<input type="checkbox"/>
Other physical disability ...	<input type="checkbox"/>	Profound complex disabilities ...	<input type="checkbox"/>	Autism spectrum disorder	<input type="checkbox"/>
Emotional/behavioural difficulties ...	<input type="checkbox"/>	Moderate learning difficulty...	<input type="checkbox"/>	Multiple learning difficulties...	<input type="checkbox"/>
Other medical condition (e.g. epilepsy, asthma, diabetes) ...	<input type="checkbox"/>	Severe learning difficulty	<input type="checkbox"/>	Other disability or difficulty, please specify:	<input type="checkbox"/>

**Would you like to receive information about the support available ?** Yes...  No...

**Would you like to be contacted by a member of staff to discuss your requirements ?** Yes...  No...

Please note that you can make a request for additional support to your tutor or another member of staff at any time during your course.

	<p><b>At no time will your personal information be passed to organisations for marketing or sales purposes.</b> From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.</p>
	<p><b>Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research.</b> <input type="checkbox"/> The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.</p>
	<p>The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. <b>Please tick here if you do not wish to be contacted about courses or learning opportunities by post.</b> <input type="checkbox"/></p>

**I have read the data protection statement in the EHLL brochure and consent to the information I provide being used for these purposes.**

<b>Signed:</b>	<b>Date:</b>
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For Office Use:					
Receipt No:	Date:				
Fee Concession Evidence	Type:	Seen by:			
Total Fees Paid: £	Cash : <input type="checkbox"/>	Cheque : <input type="checkbox"/>	Card : <input type="checkbox"/> Visa/Mcard/maestro		
<i>Detach and shred card details written below after processing</i>					
Card Number					
Expiry Date	/	Sec (last 3 digits)	issue		