



SOUTH THAMES COLLEGES GROUP

Learning Agreement 2020-21

Student ID number:										
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ULN:										
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TO BE COMPLETED BY ALL LEARNERS – PLEASE COMPLETE, TICKING ALL RELEVANT BOXES

Section 1: Registration – LEARNER TO COMPLETE

A. Personal and Contact Details

Title	Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other (please state):
Family Name / Surname	
First Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	
National Insurance Number	
Home Address line 1	
Home Address line 2	
Home Address line 3	
Home Address County	
Home Address Postcode	
Home Telephone Number	
Mobile Number	
Personal E-mail Address	

B. Emergency / Next of Kin Contact Details – if possible, please provide 2

Name	Relationship to Contact	Telephone Number	E-mail Address

C. Nationality and Home Status

What is your Nationality?	
What Passport do you hold?	
Have you been a permanent resident in the UK / EEA for the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No – A HOME STATUS ASSESSMENT FORM MAY NEED TO BE COMPLETED (STCGLA_ADD1)</i>
Are you an Asylum Seeker or Refugee?	Yes <input type="checkbox"/> No <input type="checkbox"/>



D. Ethnicity

Please select which best describes your ethnic origin:

(numbers in italics are codes used for data entry)

White

- 31 English / Welsh / Scottish / Northern Irish / British
 32 Irish
 33 Gypsy or Irish Traveller
 34 Any Other White background

Mixed / Multiple ethnic group

- 35 White and Black Caribbean
 36 White and Black African
 37 White and Asian
 38 Any Other Mixed / multiple ethnic background

Asian / Asian British

- 39 Indian
 40 Pakistani
 41 Bangladeshi
 42 Chinese
 43 Any other Asian background

Black / African / Caribbean / Black British

- 44 African
 45 Caribbean
 46 Any other Black / African / Caribbean background

Other ethnic group

- 47 Arab
 98 Any other ethnic group

E. ID Verification - TO BE VERIFIED BY STAFF MEMBER

- 01 UK/EU Passport
 02 Non-EU passport with visa/residence permit
 03 UK birth certificate
 04 EU National ID card
 05 Driving Licence
 06 Freedom pass (ACL learners only)
 07 Bank/Credit/Debit Card

Document No:

ID seen

(Staff Initials):

F. Household Situation (ONLY TO BE COMPLETED BY LEARNERS AGED OVER 18 YEARS OLD)

Please select which best describes your household situation (up to a maximum of two [you cannot select 01 and 02 together]):

- 01 No household member is in employment and the household includes one or more dependent children
 02 No household member is in employment and the household does not include any dependent children
 03 Learner lives in a single adult household with dependent children
 98 Prefer not to say
 99 Not applicable

STCG SUPPORT LEARNERS WITH A WIDE RANGE OF REQUIREMENTS SUCH AS DYSLEXIA, ASPERGER'S SYNDROME, ADHD, PHYSICAL DISABILITY, EPILEPSY, MENTAL HEALTH ISSUES, OR HEARING OR VISUAL IMPAIRMENT.

G. Learning Difficulty / Disability / Health Problem

Do you consider yourself to have a learning difficulty and/or disability and/or health problem?

Yes

No

If you tick **YES**, you are giving permission to our Learner Support Team to contact you in confidence to discuss your requirements. The information you provide will only be used by the Learner Support Team & Curriculum to plan your support with you.

Please select which best describes your learning difficulty and/or disability and/or health problem (tick all relevant categories):	Please select primary category (only one):
4 <input type="checkbox"/> Visual impairment 5 <input type="checkbox"/> Hearing impairment 6 <input type="checkbox"/> Disability affecting mobility 7 <input type="checkbox"/> Profound complex disabilities 8 <input type="checkbox"/> Social and emotional difficulties 9 <input type="checkbox"/> Mental health difficulty 10 <input type="checkbox"/> Moderate learning difficulty 11 <input type="checkbox"/> Severe learning difficulty 12 <input type="checkbox"/> Dyslexia 13 <input type="checkbox"/> Dyscalculia 14 <input type="checkbox"/> Autism spectrum disorder 15 <input type="checkbox"/> Asperger's syndrome 16 <input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident 17 <input type="checkbox"/> Speech, Language and Communication Needs 93 <input type="checkbox"/> Other physical disability 94 <input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia) 95 <input type="checkbox"/> Other medical condition (for example epilepsy, asthma, diabetes) 96 <input type="checkbox"/> Other learning difficulty 97 <input type="checkbox"/> Other disability 98 <input type="checkbox"/> Prefer not to say	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/>

H. Employment (N/A TO FULL-TIME UNDER 19/19-24 EHCP LEARNERS)

What is your employment Status?

- 10 In paid employment
 11 Not in paid employment, looking for work and available to start work
 12 Not in paid employment, not looking for work and/or not available to start work

Are you self-employed? Yes No

If **YES**, A SELF-EMPLOYMENT DECLARATION WILL NEED TO BE COMPLETED IF YOU WISH TO CLAIM LOW-WAGED FEE STATUS (STCGLA_ADD2)

Prior to enrolling on this course please indicate whether you were in full-time education or training?

- 1 Yes, in full-time education or training
 2 No, not in full-time education or training

If employed, please indicate the number of hours you are employed for?

- 5 Employed for 0 - 10 hours per week
 6 Employed for 11 - 20 hours per week
 7 Employed for 21 - 30 hours per week
 8 Employed for 31+ hours per week

If employed, please indicate your length of employment?

- 1 Employed for up to 3 months
 2 Employed for 4 - 6 months
 3 Employed for 7 - 12 months
 4 Employed for more than 12 months

If unemployed, please indicate your length of unemployment?

- 1 Unemployed for less than 6 months
 2 Unemployed for 6 -11 months
 3 Unemployed for 12 - 23 months
 4 Unemployed for 24 - 35 months
 5 Unemployed for 36 months or more

Section 2: Advice & Guidance

A. EHCP / SEN

Do you have an Education, Health and Care Plan (EHCP)? Yes No

(If YES, PLEASE PROVIDE THE DOCUMENT ASAP)

B. Local Authority Sharing

Under the Education and Skills Act 2008, Local Authorities have a legal duty to track participation of the following groups who reside in their area:

- 16-17 year olds
- 18-24 year olds with an EHCP or SEN Statement
- 16-24 in care of the Local Authority or previously in care of the Local Authority

The College is required to share your data with your Local Authority in order for them to fulfil these duties. In some cases, the Local Authority will commission a 3rd party to help fulfil their duties on their behalf.

If you are 16-24 years old and currently in care or have previously been in care and are now classed as a care leaver, you may be eligible for financial assistance to support your studies.

I am in care or a care leaver of the Local Authority Yes No

If YES, PLEASE PROVIDE

NAME OF LOCAL AUTHORITY:

C. Support with Exams

Have you ever had Exams Access Arrangements (in the past)? (If YOU ANSWER YES TO THIS QUESTION YOU WILL BE CONTACTED TO DISCUSS THE NATURE OF YOUR NEEDS E.G. EXTRA TIME, SCRIBE, READER ETC) Yes No

D. Criminal Convictions

Do you have any relevant unspent criminal convictions? Yes No

(If YOU ANSWER YES TO THIS QUESTION YOU WILL BE ASKED TO PROVIDE MORE INFORMATION)

It is against the law for STCG to obtain information about your spent cautions, reprimands and final warnings or convictions unless you are applying for an 'exempt' course where you are advised to declare both 'spent' and 'unspent' convictions, cautions, reprimands and final warnings except those that are filtered under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). This applies if you are applying to study on the following courses / programmes: Childcare, Health and Social Care, Public Services & Counselling (see question 2).

Do you have any convictions, cautions, reprimands or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? Yes No

*Please complete this question **only** if you are applying to study on an exempt course / programme which are likely to require Disclosure and Barring (DBS) criminal record check. The DBS certificate will disclose spent and unspent convictions that are not protected (i.e. eligible for filtering). You do not need to declare cautions and convictions that are considered 'protected' and therefore filtered from Standard or Enhanced DBS checks. The courses / programmes this applies to are: Childcare, Health and Social Care, Public Services & Counselling.*

HAVING A CRIMINAL RECORD WILL NOT NECESSARILY PREVENT YOU FROM STUDYING AT THE COLLEGE DEPENDING ON THE NATURE OF THE COURSE AND THE CIRCUMSTANCES AND BACKGROUND OF THE OFFENCE. HOWEVER, THE COLLEGE DOES RESERVE THE RIGHT TO REFUSE TO ADMIT YOU IF, ON CAREFUL CONSIDERATION, YOUR CRIMINAL RECORD MAKES IT INAPPROPRIATE FOR YOU TO BE ADMITTED /ATTEND.

E. How did you hear about the College?

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Website | <input type="checkbox"/> School |
| <input type="checkbox"/> College literature | <input type="checkbox"/> Previous attendance | <input type="checkbox"/> Other – PLEASE STATE: |
| <input type="checkbox"/> Connexions | <input type="checkbox"/> Employer | <input type="text"/> |
| <input type="checkbox"/> Family/friends | | |

Have you attended a College open event? Yes No

F. ESF Statement

I UNDERSTAND THAT THIS ACTIVITY HAS BEEN DIRECTLY OR INDIRECTLY PART-FINANCED BY THE EUROPEAN UNION THROUGH THE EUROPEAN SOCIAL FUND.



TO BE COMPLETED BY FEE ASSESSOR & LEARNER

Section 4: Fee Assessment Declaration – complete one section (applicable waiver codes are in *italics*)

A. Tuition Fees - No Payment or paying by loan (PLEASE TICK ONE IF APPLICABLE, OR GO TO SECTION B)

I am aged under 19 as at 31/08/2020 (F01) I am an asylum seeker (F98/M97) I am an apprentice No fees are applicable (F19/W19)

I am 19-24 years old, have an EHCP and have not yet completed my identified learning outcomes (F01)

I am 19-23 years old and this is my first full level 2 (F22/M22) I am 19-23 years old and this is my first full level 3 (F24/M24)

I have applied for or have a Tuition Fee loan (HE) in place (F30) Full Amount Payable: Loan Amount: Balance to pay:

I have applied or have an Advanced Learner Loan (FE) in place (Full Level 3 only) (F30) Full Amount Payable: Loan Amount: Balance to pay:

B. Tuition Fees – Employed/Unemployed learners

<input type="checkbox"/> I am employed and I earn less than £17004.00 annual gross salary (F41/M41)	EVIDENCE SEEN <input type="checkbox"/>	LOW -WAGED (LDM363) EVIDENCE - STCG STAFF (PLEASE COMPLETE):
<input type="checkbox"/> I am employed and I earn less than £19,890.00 annual gross salary and live in London (F41/M41)	EVIDENCE SEEN <input type="checkbox"/>	I CONFIRM THAT I HAVE SEEN EVIDENCE IN THE FORM OF WAGE SLIPS FOR 3 MONTHS PRIOR TO LEARNING, AN EMPLOYMENT CONTRACT OR OTHER SUCH EVIDENCE. Staff Signature: <input type="text"/> Staff Name: <input type="text"/> (Please Print)

Neither of the above applies – Fees Payable (GO TO SECTION C)

<input type="checkbox"/> I am unemployed, looking for work and in receipt of benefit. Please Specify:	<input type="checkbox"/> Job Seekers Allowance (F15/M15) <input type="checkbox"/> Employment Support Allowance (ESA – all categories) (F25/M25) <input type="checkbox"/> Universal Credit, with an earned income (disregarding benefits) of less than £338 a month (sole claim) or £541 a month (joint claim) (F04/M04) <input type="checkbox"/> Other state benefit and wants to progress into employment or more sustainable employment, with an earned income (disregarding benefits) of less than £338 a month (sole claim) or £541 a month (joint claim) (F04/M04)
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I am unemployed, looking for work and not in receipt of benefit (GO TO SECTION C)

I am unemployed, not looking for work (GO TO SECTION C)

C. Tuition Fees – Fees Payable

<input type="checkbox"/> I am paying the Fees in full (F99/M99/W99)	Full Amount Payable:	Amount Paid:	Balance to pay: Agreed an Instalment Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My employer or sponsor is paying (F99/M99/W99) Employer/Sponsor Name: Employer/Sponsor Address:	Full Amount Payable:	Amount Paid:	Balance to pay:

D. Fees Declaration – ALL STUDENTS – PLEASE READ & SIGN

I AM SATISFIED THAT THE COSTS ASSOCIATED WITH THE PROGRAMME HAVE BEEN EXPLAINED TO ME AND I AGREE TO ABIDE TO THE COLLEGES FEES POLICY.
 IF ANY PROPOSED PAYMENT VIA A LOAN OR EMPLOYER IS NOT FULFILLED, OR I WITHDRAW, THE LIABILITY FOR ANY UNPAID FEES WILL REVERT TO ME.
 IN THE EVENT THAT A DEBT COLLECTION AGENCY IS INVOLVED THEN I WILL LIABLE FOR FEES INCURRED.
 I UNDERSTAND THAT REFUNDS WILL ONLY BE ISSUED IN THE EVENT OF THE COURSE BEING CANCELLED BY STCG OR IN EXCEPTIONAL CIRCUMSTANCES IN LINE WITH THE REFUND PROCEDURE (COPY AVAILABLE ON REQUEST).

STUDENT SIGNATURE: _____ **DATE:** _____

College Use Only:

Please note: Waiver codes beginning with "F" are STCG courses; codes with an "M" are Merton Community learning; and codes with a "W" are Wandsworth Community learning.
 If you are unable to apply a single waiver code to a learner then the "Waiver Code" column in section 3B should be used to specify individual course waivers if applicable.

REFERENCE INFORMATION - COMMUNITY COURSES - OTHER WAIVERS:

MERTON LOCAL AUTHORITY

- | | |
|---|-------------------------------------|
| 19-23 First Level 2 - M22 | Low wage -M51 |
| 19-23 First Level 3 - M24 | Full fee to be paid – M99 |
| 19-23 Progressing to Level 2 – M26 | Entry/Level 1 entitlement – M26 |
| English & Maths (Not ESOL) – M09 | Fee reduced by 50% (Benefits) – M50 |
| JSA-M15 | Merton Council Staff (15%) – M85 |
| ESA -M25 | Staff development – M98 |
| Other state benefit/less than £338/£541 – M04 | Asylum Seeker – M97 |

WANDSWORTH BOROUGH COUNCIL

- English & Maths (Not ESOL) – W09
- Aged 60+ (20% discount) – W42
- On benefits (£50 fee) – W40
- Staff development - W98
- No concessions eve/weekend
- Full Fees to be paid - W99
- Fee is zero – W19

E. How we use your Personal Information – LEARNERS PLEASE READ & COMPLETE

PRIVACY STATEMENT 2020/21

How We Use Your Personal Information

THIS PRIVACY NOTICE IS ISSUED BY THE EDUCATION AND SKILLS FUNDING AGENCY (ESFA), ON BEHALF OF THE SECRETARY OF STATE FOR THE DEPARTMENT OF EDUCATION (DfE). IT IS TO INFORM LEARNERS HOW THEIR PERSONAL INFORMATION WILL BE USED BY THE DfE, THE ESFA (AN EXECUTIVE AGENCY OF THE DfE) AND ANY SUCCESSOR BODIES TO THESE ORGANISATIONS.

FOR THE PURPOSES OF RELEVANT DATA PROTECTION LEGISLATION, THE DfE IS THE DATA CONTROLLER FOR PERSONAL DATA PROCESSED BY THE ESFA. YOUR PERSONAL INFORMATION IS USED BY THE DfE TO EXERCISE ITS FUNCTIONS AND TO MEET ITS STATUTORY RESPONSIBILITIES, INCLUDING UNDER THE APPRENTICESHIPS, SKILLS, CHILDREN AND LEARNING ACT 2009 AND TO CREATE AND MAINTAIN A UNIQUE LEARNER NUMBER (ULN) AND A PERSONAL LEARNING RECORD (PLR). 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. THE DfE AND THE ENGLISH EUROPEAN SOCIAL FUND (ESF) MANAGING AUTHORITY (OR AGENTS ACTING ON THEIR BEHALF) 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 BY OTHER THIRD PARTIES BY TICKING ANY OF THE FOLLOWING BOXES:

About courses or learning opportunities:

By post By e-mail
By phone By SMS

For surveys and research:

By post By e-mail
By phone By SMS

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:

[HTTPS://WWW.GOV.UK/GOVERNMENT/PUBLICATIONS/ESFA-PRIVACY-NOTICE](https://www.gov.uk/government/publications/esfa-privacy-notice)

GOVERNMENT AND FUNDING AGENCIES

WE ARE REQUIRED TO SHARE YOUR DATA WITH CERTAIN GOVERNMENT AND FUNDING AGENCIES IN ORDER TO MEET OUR CONTRACTUAL AND LEGAL OBLIGATIONS, SPECIFICALLY THE EDUCATION AND SKILLS FUNDING AGENCY (ESFA) AND THE OFFICE FOR STUDENTS (OFS).

THE ESFA WILL SHARE YOUR DATA WITH THE DEPARTMENT FOR EDUCATION (DfE) AND THE EUROPEAN SOCIAL FUND (ESF) MANAGING AUTHORITY. FURTHER INFORMATION CAN BE FOUND HERE:

ESFA [HTTPS://WWW.GOV.UK/GOVERNMENT/PUBLICATIONS/ESFA-PRIVACY-NOTICE](https://www.gov.uk/government/publications/esfa-privacy-notice)

OFS [HTTPS://WWW.OFFICEFORSTUDENTS.ORG.UK/PRIVACY/](https://www.officeforstudents.org.uk/privacy/)

LOCAL AUTHORITIES

UNDER THE EDUCATION AND SKILLS ACT 2008, LOCAL AUTHORITIES HAVE A LEGAL DUTY TO TRACK PARTICIPATION OF ALL 16 TO 17 YEAR OLDS RESIDENT IN THEIR AREA, AND TO MAKE ARRANGEMENTS FOR THOSE NOT IN EDUCATION OR TRAINING. IN SOME CASES, THE LOCAL AUTHORITY COMMISSION A 3RD PARTY TO HELP FULFIL THEIR DUTIES ON THEIR BEHALF.

THE COLLEGE IS REQUIRED TO SHARE YOUR DATA WITH YOUR LOCAL AUTHORITY IN ORDER FOR THEM TO FULFIL THESE DUTIES, IF YOU FALL INTO ONE OR MORE OF THE FOLLOWING CATEGORIES:

- 16 TO 17 YEARS OF AGE
- A VULNERABLE ADULT IN CARE OF THE LOCAL AUTHORITY OR PREVIOUSLY IN CARE OF THE LOCAL AUTHORITY
- 18-24 YEARS OLD WITH AN EDUCATION HEALTH CARE PLAN (EHC).

IMAGE USE

Photography and video images are taken across the College from time to time. You can give consent to use your image for marketing and promotional purposes of the College in all media by ticking the following box:

F. Learner Declaration – ALL LEARNERS - PLEASE SIGN AND DATE

I confirm that the information given on this Learning Agreement is complete and accurate.

I confirm that I received an advice and guidance interview.

I agree to abide by the College rules as published in their various policies and guidance.

I am aware of the course fees and commit to paying all fees in line with the College Fees Policy. I confirm that I have no outstanding debt to the College. I understand that if I have declared any false information the College may take action against me to reclaim the tuition fees and support costs involved.

I agree to inform the College of any changes to my circumstances during my programme. I understand that if I behave or perform in a way that is considered unacceptable by the College, the College may take action against me or impose penalties in accordance with its Student Disciplinary Policy and procedures. I also accept that the College has the right to notify as applicable, my parents, guardian, carer, sponsor or employer of any disciplinary action it intends to take or has taken against me as it sees fit.

LEARNER SIGNATURE:

DATE:

G. Staff Declaration – STAFF TO COMPLETE

I CONFIRM THAT THE LEARNER UNDERSTANDS THE IMPLICATIONS OF THEIR CHOICE OF PROGRAMME; THE ENTRY REQUIREMENTS; FUNDING ARRANGEMENTS, INCLUDING ESF; ITS SUITABILITY AND EXEMPTIONS DUE TO EXISTING CREDITS; FINANCIAL, EDUCATIONAL AND PERSONAL SUPPORT THAT MAY BE REQUIRED BY THE LEARNER.

I CONFIRM THAT I HAVE COMPLETED A THOROUGH FEE ASSESSMENT WITH THE LEARNER / EMPLOYER, AND THAT THE OUTCOME IS ACCURATELY RECORDED ON THIS LEARNING AGREEMENT / SCHEDULE 1 CALL OFF DOCUMENT.

STAFF NAME:

STAFF SIGNATURE:

DATE: