First Name:

Date of Birth:

**Please tick one which you feel best describes your ethnic origin:**

The following will help us to ensure that our courses and services are reaching all groups in the community.

# White

English

Welsh

Scottish

Northern Irish

British

Irish

Gypsy or Irish Traveller

Any other White background

# Mixed / Multiple Ethnic Group

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/multiple ethnic background

# Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

# Black / African / Caribbean / Black British

African

Caribbean

Any other Black/African/Caribbean

background

**Other Ethnic Group**

Arab

Any other ethnic group

Surname:

**Learner Registration 24/25**

For use on short taster sessions only

Gender:

Email:

Telephone number:

Home Address:

Postcode:

**Do you have a learning difficulty, disability or health condition?**

Yes No

If yes, please tell us which learning difficulty, disability, or health conditions you have below:

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

Yes No

If ‘No’ please complete the residency eligibility form.

Employment:

years

If you’re employed, how long have you been employed for and for how many hours per week?

If you’re unemployed, how long have you been unemployed for?

Please confirm which state benefits you are currently receiving:

|  |
| --- |
| **Emergency Contact Details:** |
| **Title: Surname: Forename (s): Relationship to learner:** |
| **Contact address if different from above:** |
| **Postcode:** |
| **Home Telephone: Work Telephone: Personal Mobile:** |

Are you looking for employment in the future?

Are you currently employed, self-employed or unemployed?

**‘Have a Go!’ Taster Session**

**INDIVIDUAL LEARNING PLAN AND FEEDBACK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tutor set targets for the session** | | **I have achieved this** | **I have not achieved this** |
| **1.** |  |  |  |
| **2.** |  |  |  |

We hope you enjoyed this learning taster session and that it will encourage you to enrol in further learning.

Please take a few moments to provide us with some feedback about today’s taster session. The information you provide will help us to improve and to offer appropriate opportunities for learning in the future.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you agree?** | **Yes** | **No** | **Please tell us more** |
| I have enjoyed my taster session |  |  |  |
| I received information at the start of the taster session to help me feel safe |  |  |  |
| I have benefited from attending this session |  |  |  |
| I would like to attend other adult learning courses in the future |  |  |  |
| I have been informed about other adult learning opportunities in my area |  |  |  |
| I would like somebody from the Skills and Employment Team to contact me about adult learning opportunities in my area |  |  | If yes, please tick preferred method of contact.  ***Phone***  ***Email/Text***  ***Post*** |

|  |
| --- |
| **Do you have any other comments?** |
|  |

|  |  |
| --- | --- |
| **Signed:** | **Date:** |