

ESFA Student Agreement & Enrolment Form

Please complete as much as you can.

If you are completing this form on behalf of the applicant, please complete and sign the declaration on the back page.

Personal Details:

Forename:		Date of Birth:	
Surname:		Post Code:	
Home Address:			
Email Address:			
No. years at this address:			
Nationality:			
Ethnicity:			

Country of Residence for the last 3 years:

United Kingdom / Britain

EU (EEA) County—Specify:

Other—Please Specify:

Study Programme Details

Academic Year:		Year of Study at Sense:	
Centre of Attendance:		Days of Attendance:	
EC/ Personal Tutor:		Pathway:	
Learning Aims for the year:			

Free College (School) Meals

If you are eligible for free meals and in receipt of qualifying benefits, please complete the FCM form.

Eligible for Free Meals Scheme

Yes

No

FCM form completed:

Yes

No

Consents:

Please review each of these items below and tick if you are happy for these to occur at Sense College and give your consent. Condition of Use/Notes

Use of Photos/Videos to record personal learning journey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use of Photos in external publications (e.g. annual reports, press)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use of Photos/Videos in external media (e.g. website, Facebook)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

***NB—Please note we will contact you again if we are proposing to use any material in a particularly high profile way, providing you will full details and the option to consent or decline.*

Application / Use of Sun Cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Access offsite Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To sit in the front of a vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel on Public Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To come into contact with small animals and horses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use Hydrotherapy/Swimming Pool/Sports equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact to undertake surveys about programme	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Future contact for Destination Tracking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Store information (as per Privacy/Data Protection Notice)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Agree for Contact By: Post Phone Email

Signed Student*		Date:	
<i>* If advocate of student, specify name and relationship to student</i>			
Signed Parent:		Date:	
Signed Sense College Staff		Date:	

For Staff Use Only:

<i>Proof of ID Document Seen: and Document Number</i>	
<i>If Passport Seen, Nationality:</i>	
<i>Student Date of Birth Matches:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Address and Residency Checked:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Checked By (staff name) & Date:</i>	

<i>Entered on DtB</i>		<i>Student ULN</i>	
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