

Application and Learner Profile for Active Learning 2024-2025

Please complete in BLOCK CAPITALS

Data Protection. Coventry City Council will only use your personal information in connection with your course. More details about how we use information about you can be found in the full privacy notice - www.coventry.gov.uk/adulteducationprivacynotice



Personal Details

Title: First name: Family name:

Date of Birth: Age: National Insurance no.:

Address:

..... Post Code: Home tel no.

Learner Mobile: Learner email:

Emergency contact name: Emergency contact tel no.:

Name and address of Support Service/Agency:

..... Contact tel no.:

Key Worker name and tel no.:

How will you travel to/from class: Route Forward Public bus Car Taxi

Taxi arranged by: Name: Tel:

What course are you applying for?

Learners with complex needs

Two half days (Art and Cooking)

Independent Living Skills

Life Skills

Please tick **three** options:

- | | |
|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> I.T. |
| <input type="checkbox"/> Creative Arts and Crafts | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Cultural Studies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> My World |
| <input type="checkbox"/> History | <input type="checkbox"/> Performing Arts |

OR Learning for Work

Please tick **ONE** course:

- | | |
|---|--|
| <input type="checkbox"/> Arts & Craft Design | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Empowering Wellbeing and Creativity' | <input type="checkbox"/> Music and Media |
| <input type="checkbox"/> Fabric Craft | <input type="checkbox"/> The Destination Station |

Your support needs

Will someone be coming with you to support you in the class? YES NO

If yes, Name:

Tel no.

Will you be attending any other college courses?

YES NO If yes, please give details:

.....

.....

Do you have an Education, Health and Care Plan (EHCP)? YES NO

If yes, please bring a copy with you.

Learning for Work ONLY

Are you doing any voluntary work, work experience or paid work?

YES NO

If yes, please tell us when and where.

.....

.....



Tell us what you can do independently, things you find hard and things you can do with help.

	Yes, I can	No, I can't	I can, with help
Communicate			
Read			
Write			
Tell the time			
Use a mobile			
Work in groups			
Personal care			

Why do you want to join this course?	What do you want to learn?

Please note some classes may require you to go online as part of the course.

Photographs

We regularly use photography to record your achievements on courses and would like to use these photographs in brochures and other promotional material including websites. Please let us know if you would like to have your photograph used.

YES, I would like my photograph used in publicity.

NO, I would NOT like my photograph used.



Proof of Right to Enrol:

You must meet the eligibility requirements for this course.

If you have not lived in the UK for the last 3 years please call **024 7697 5200** and we will advise you on what you need to bring to your interview.

We will need to see your:

- **Passport** or **birth certificate**
- **Certificates**
- **EHCP**
- **Proof of benefits and other income that you have** (ESA, JSA, WRAG, Universal Credit and any other means tested benefit).

I certify that the above information is accurate and complete. I will notify the Adult Education Service in writing if there are any changes and if I enrol on any other courses.

Signature: Date:

Please note that we provide limited supervision during lunchtime.

Interview date: