

Learner Enrolment Form



voluntary action sheffield

Course title

Course code

ILR No.

First name

Surname

Date of birth

Your home postcode

Organisation

Job title

Are you in paid employment? Yes No

If yes, how many hours do you work per week? _____

If no, are you: [Please tick all that apply]

- Retired
- Unemployed If yes, how long have you been unemployed? _____
- In receipt of benefit

Job Category: [Please tick all that apply]

- | | | |
|--|---|---|
| <input type="checkbox"/> Strategic / Organisational Management | <input type="checkbox"/> Chief Exec / Director | <input type="checkbox"/> Volunteer Co-ordination / Management |
| <input type="checkbox"/> Service Delivery | <input type="checkbox"/> Treasurer | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Chair | <input type="checkbox"/> Any Other Role |
| <input type="checkbox"/> HR / Personnel | <input type="checkbox"/> Committee member / trustee | |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Service / Project Management | |
| | <input type="checkbox"/> Staff Training and development | |

Do you volunteer for any organisation? Yes No

What is your highest qualification? _____

What is your ethnic group? [Please tick one]

- | | |
|--|---|
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British – Any Other Asian Background | <input type="checkbox"/> Mixed - Any other Mixed Background |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black or Black British – Any Other Black Background | <input type="checkbox"/> White - Any Other White Background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any Other |

Do you consider yourself to have: [please tick all that apply]

- a learning difficulty
- a physical disability
- a long term physical or mental health problem

If yes, please give brief details:

Are there any other ways we could help to support your learning?

Signature _____

Date _____