

# 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** \_\_\_\_\_