

ADULT LEARNING LEARNER DETAILS

CDMS

[Reset Form](#)

DETAILS (*Compulsory information)

Course Code: Learner No:

Venue:

Record Opened by (Worker):

*Name:

*House Name/Flat No:

*Address:

*Postcode: Telephone: Gender: M F

*Date of Birth: Email Address:

HOW DID YOU HEAR ABOUT US?

MOTIVATION

Why are you interested in attending this provision? (please tick one only)

Personal Work Family Community

EMPLOYMENT STATUS (Please tick number or fill in details as appropriate)

1. Employed (16 hours and under)	<input type="checkbox"/>	9. Retired	<input type="checkbox"/>
2. Employed (17 hours and over)	<input type="checkbox"/>	10. Student	<input type="checkbox"/>
3. Not working (up to 6 months)	<input type="checkbox"/>	11. Training Scheme	<input type="checkbox"/>
4. Not working (7-12 months)	<input type="checkbox"/>	12. Not Stated	<input type="checkbox"/>
5. Not working (13-24 months)	<input type="checkbox"/>	13. Benefits (please state)	<input type="text"/>
6. Not working (25-36 months)	<input type="checkbox"/>	14. ILA Account No	<input type="text"/>
7. Not working (more than 36 months)	<input type="checkbox"/>	ILA Account Contribution	<input type="text"/>
8. Incapacity/Sickness	<input type="checkbox"/>	ILA Student Contribution	<input type="text"/>

CITIZENSHIP (Please tick ONE number only)

1. EU Citizen 3. Asylum Seeker
 2. UK Visa Holder 4. Refugee

COUNTRY OF ORIGIN (Please state)
FIRST LANGUAGE (If not English please state)
ETHNIC ORIGIN (Please tick one)

White	Asian	Black
Scottish <input type="checkbox"/>	Asian Scottish <input type="checkbox"/>	Black Scottish <input type="checkbox"/>
English <input type="checkbox"/>	Asian English, Asian Welsh or other Asian British <input type="checkbox"/>	Black English, Black Welsh or other Black British <input type="checkbox"/>
Welsh <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Other British <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other black background <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Ethnic Background
Mixed	Other Asian background <input type="checkbox"/>	Any other ethnic background <input type="checkbox"/>
Any mixed background <input type="checkbox"/>		

RELIGION (Please tick one)

- Not Stated
 None
 Church of Scotland
 Roman Catholic
 Other Christian
 Buddhist
 Hindu
 Muslim
 Jewish
 Sikh
 Other

DISABILITY (Please tick one)

- None
 Physical or Motor Impairment
 Mental Health Issue
 Learning Disability
 Hearing Impairment - Partial
 Hearing Impairment - Total
 Visual Impairment - Partial
 Visual Impairment - Total
 Communication Difficulties
 Multiple Disabilities
 Other Chronic Illness or Disability

LEARNING STATUS (Please tick one)

Not Stated Some formal learning, but not in last 3 years
 No formal learning since leaving school Just finished/continuing other formal learning

QUALIFICATIONS (Please tick HIGHEST qualification only)

No qualifications S/NVQ4/HND or equivalent
 Qualifications below S/NVQ1/General Standard Grade equivalent Ordinary or Honours Degree
 S/NVQ1/General Standard Grade or equivalent S/NVQ5, Post-graduate or above
 S/NVQ2/Credit Standard Grade or equivalent City & Guilds
 S/NVQ3/Higher Grade or equivalent Other (Please specify below)
 Advanced Higher/HNC or equivalent

CRÈCHE REQUIREMENTS (Please state)

Number of Children Dates of Birth

CONSENT FOR USE OF PHOTOGRAPHS/WORK

From time to time Leisure and Communities Discover Learning Department would like to take photographs of the activities/events which you have been involved with as a record of our work or to include in promotional material, displays etc. We may also wish to display some of your work.

Please tick if you agree to: your photograph being used your work being used

HEALTH AND SAFETY (Details about any medication we should be aware of)

Medication (including dosage and frequency) **Self Administered** (please tick)

Information about any condition we should be aware of

Information about any allergies we should be aware of

Tetanus Cover (please tick one) Yes No

CONTACTS

DOCTOR Name

Practice/
Health Centre Tel No

EMERGENCY CONTACT 1

Name

Address

Postcode Home Tel No

Work Tel No Mobile Tel No

Friend Guardian Next of Kin Parent Partner

EMERGENCY CONTACT 2

Name

Address

Postcode Home Tel No

Work Tel No Mobile Tel No

Friend Guardian Next of Kin Parent Partner

LOOKING AFTER YOUR PERSONAL DATA - DATA PROTECTION ACT 1998**DUNDEE CITY COUNCIL**

Dundee City Council respects your personal information and undertakes to comply with the Data Protection Act 1998.

The personal data you provide will be used for the following purposes:-

To help us to contact you, if we need to. To help us to design programmes appropriate for you. To record progress in the work we do together. To provide statistical information about the users of the Department's Services. (Individual people will not be identified in published statistical information, used for any purpose.)

The personal data we hold in confidence will only be disclosed to:-

Relevant staff within the Department. HMIe (Her Majesty's Inspectors of Education), during an Inspection of the Department, as an example of the work we do and the records we keep. Researchers approved by the Department, if you give us permission to do so. (See the first data protection statement below. If you do not wish to give this permission, please sign the second statement instead.)

Dundee City Council is the registered Data controller. Any queries regarding the processing of your personal data by Dundee City Council should be directed to the Legal Manager, Mr Roger Mennie on telephone number 434577. A copy of the Council's Data Protection Policy can be obtained by writing to the Legal Manager, care of the Director of Support Services, 21 City Square, Dundee DD1 3BY.

DATA PROTECTION STATEMENTS (Please sign one only)

I agree to the personal information I have supplied being held on a database for statistical purposes. I understand that my name may, in the future, be released for research purposes and that I may, as a result, be contacted at my home address.

Signed Date

I agree to the personal information I have supplied being held on a database for statistical purposes. I understand that my name and address will not be released for research purposes.

Signed Date

PLEASE NOTE: We need to keep at least your name, and address, (and telephone number if you have one), just to maintain our registers of participants, and so that we can contact you about your chosen course or activity if we have to.

LOOKING AFTER YOUR PERSONAL DATA - DATA PROTECTION ACT 1998**DISCOVER LEARNING FOR YOURSELF COMMUNITY BASED ADULT LEARNING PARTNERSHIP**

When signing this section your signature is consent for the information to be:-

- held under the provisions of the Data protection Act 1998 and only disclosed to organisations which also comply with the Act.
- held on computer and in manual records.
- held and processed to support the provision of education and training to you.
- used in statistical information that will not identify you in any way.
- used for research by the partner organisation.

You have the right to inspect the information held about you.

The organisation you enrol with may contact you directly using the details you provide, on their own account, or on behalf of the Partnership. (Leisure & Communities, Dundee City Council, Dundee College, University of Dundee, University of Abertay).

Detailed arrangements for each partner organisation are available on request.

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