

LEIA New Distance Learning Course Candidate Registration Form/ Learning Agreement September 2018



ABOUT YOU

where appropriate

Title Female Male
 First Name/s Date of Birth
 Last Name

YOUR CONTACT AND MEDIA DELIVERY DETAILS

e-mail Address Tick Address for:
 Media Delivery End Test
 Home Address Postcode:
 Home Phone N^o Mobile Phone N^o
 Work or Weekday Address Postcode:
 Work Phone N^o Work Address will be taken as default if no choice is made

ETHNIC ORIGIN To help us monitor our Equality Policy, please complete your ethnic origin below

<p>WHITE</p> <p><input type="checkbox"/> 31 English/ Welsh/ Scottish/ Northern Irish/ British</p> <p><input type="checkbox"/> 32 Irish</p> <p><input type="checkbox"/> 33 Gypsy or Irish Traveller</p> <p><input type="checkbox"/> 34 Any other white background</p> <p>MIXED/ MULTIPLE ETHNIC GROUP</p> <p><input type="checkbox"/> 35 White & Black Caribbean</p> <p><input type="checkbox"/> 36 White & Black African</p> <p><input type="checkbox"/> 37 White & Asian</p> <p><input type="checkbox"/> 38 Any other mixed/ multiple ethnic background</p>	<p>ASIAN/ ASIAN BRITISH</p> <p><input type="checkbox"/> 39 Indian</p> <p><input type="checkbox"/> 40 Pakistani</p> <p><input type="checkbox"/> 41 Bangladeshi</p> <p><input type="checkbox"/> 42 Chinese</p> <p><input type="checkbox"/> 43 Any other Asian background</p>	<p>BLACK AFRICAN/ CARIBBEAN/ BLACK BRITISH</p> <p><input type="checkbox"/> 44 African</p> <p><input type="checkbox"/> 45 Caribbean</p> <p><input type="checkbox"/> 46 Any other Black/ African/ Caribbean background</p> <p>OTHER ETHNIC GROUP</p> <p><input type="checkbox"/> 47 Arab</p> <p><input type="checkbox"/> 98 Any other ethnic group</p> <p><input type="checkbox"/> 99 Prefer not to say</p>
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DISABILITY, LEARNING DIFFICULTY OR HEALTH PROBLEM

Do you consider yourself to have a disability, learning difficulty or health problem? yes no

DISABILITIES

<input type="checkbox"/> 01 Visual impairment	<input type="checkbox"/> 05 Medical condition (eg epilepsy)	<input type="checkbox"/> 09 Profound/ complex disabilities
<input type="checkbox"/> 02 Hearing impairment	<input type="checkbox"/> 06 Emotional/ behavioural difficulties	<input type="checkbox"/> 10 Asperger's Syndrome
<input type="checkbox"/> 03 Disability affecting mobility	<input type="checkbox"/> 07 Mental health difficulty	<input type="checkbox"/> 90 Multiple disabilities
<input type="checkbox"/> 04 Other physical disability*	<input type="checkbox"/> 08 Temporary disability*	<input type="checkbox"/> 97 Other*

LEARNING DIFFICULTIES

<input type="checkbox"/> 01 Moderate difficulties	<input type="checkbox"/> 10 Dyslexia	<input type="checkbox"/> 19 Other specific difficulty*	<input type="checkbox"/> 90 Multiple difficulties
<input type="checkbox"/> 02 Severe difficulties	<input type="checkbox"/> 11 Dyscalculia	<input type="checkbox"/> 20 Autism spectrum disorder	<input type="checkbox"/> 97 Other*

*Please give details

Office Use only	Candidate N ^o	Invoice N ^o	Employer N ^o
Date Stamp	Old reg N ^o	Acknowledged by:	Date Entered
Previous Units:			

UNIT DETAILS

Unit Ref	Unit Title	Credits	Level	Unit Study	CD/ Mem Stick/ SD?		
				<input checked="" type="checkbox"/>	CD	M Stick	SD
GT1F3	Introduction to Lift Technology	12	3		CD	M Stick	SD
GT2F4	Fundamentals of Lift Technology	12	4		CD	M Stick	SD
MTF4	Advanced Lift Technology - Mechanical	12	4		CD	M Stick	SD
ETF4	Advanced Lift Technology - Electrical	12	4		CD	M Stick	SD
HTF4	Advanced Lift Technology - Hydraulic	12	4		CD	M Stick	SD
SCF4	Electronic Systems and Controls for Lifts	12	4		CD	M Stick	SD
MSH4	IOSH Managing Safely	6	4		CD	M Stick	SD
CM1H4	Management of a Lift/Escalator Contract Pt 1 Commercial	6	4		CD	M Stick	SD
CM2H4	Management of a Lift/Escalator Contract Pt 2 Site	6	4		CD	M Stick	SD
EWH4	Escalators and Moving Walks	6	4		CD	M Stick	SD
STH4	Stairlifts	6	4		CD	M Stick	SD

PAYMENT INFORMATION

Fees are due at the time of enrolment. Please indicate how the fees are to be paid:

I will be paying the fees myself Please invoice my Employer Please invoice my Sponsor

Sponsor Name

Sponsor Address Postcode:

Sponsor Phone N^o

EMPLOYER DETAILS

Employer COMPANY NAME INVOICE CONTACT

Address for Invoices Postcode:

Phone N^o

e-mail

Company Contact NAME PHONE N^o

e-mail

The rôle of the Company Contact is to advise and assist the candidate to decide on their learning route and identify the most appropriate unit of study.

The Company Contact should authorise this course registration form and forward to LEIA.

The Company Contact must act as point of contact with LEIA and liaise on points such as a candidate's change of address, withdrawal etc.

The Company Contact will need to motivate candidates whose work is showing signs of being below standard. This information will be reported to company contacts.

The Company Contact will be required to notify students where and when the end test is to be undertaken. LEIA will notify the Company Contact of this information.

The Company Contact may also act as a Company Mentor to advise on technical queries.

DECLARATION

I declare that I have read and understood the LEIA Educational Trust Distance Learning Course Privacy Policy and agree to the processing of my personal data as outlined in the policy.

I understand that the data collected on this form will be shared with ExamBuilder and LEIA-appointed testing centres for all units and IOSH for certain units, for the exclusive purpose of testing or certification of my chosen qualification.

I agree to be bound by the LEIA Educational Trust Policies and Procedures as amended from time to time. I have read the Terms and Conditions (downloadable from [Distance Learning Policies and Guides](#))

I confirm that I am aware of the LEIA Educational Trust Distance Learning Course Appeals Policy.

I confirm that I have received sufficient information about my programme of study, in relation to

- (i) career opportunities
- (ii) the costs involved including any additional charges eg registration fees
- (iii) the time required for study
- (iv) the need for computer access for study materials and online access for all testing**
- (v) the requirements of the programme, to enable me to make an informed choice of programme.

I confirm that my name as spelled on this registration form will be used by LEIA on any certificate or transcript in respect of my programme of study.

I agree to ensure that payment is made for any tuition fees for which I am assessed and properly invoiced. I understand that failure to do so may result in referral to an external debt collection agency in which event I will be liable for any collection costs incurred.

I understand that information about my progress will be given to my employer.

Candidate Signature _____

Date _____

I confirm agreement to the duties of the Company Contact

Company Contact Signature _____

Date _____

Note that this document forms a contract. It will be returned if unsigned. LEIA will not be held responsible for consequent delays

TERMS AND CONDITIONS

GUIDANCE NOTES/BOOKING CONDITIONS FOR REGISTERING CANDIDATES – Please read the instructions carefully.

LEARNING DIFFICULTIES/DISABILITIES If you feel you would benefit from additional support, please complete the relevant section on the form. LEIA wishes to ensure that it complies with the requirements of the Equality Act 2010. LEIA is committed to ensuring that disabled people, including those with learning difficulties, are treated fairly. All reasonable adjustments to provision will be made to ensure that disabled Candidates and other disabled people are not substantially disadvantaged. If you are a disabled person, please ensure that we know what you need so that we can make all reasonable adjustments to help you.

FEES – The fees stated are for the Semester stated. You will be required to pay a fee for each unit in each year of study or other relevant part of the course. All fees are due at the time of your enrolment. Fees can be accepted by cash, cheque, or bank transfer. Fees cannot be accepted by card payment. The Course is not part of the Qualifications Curriculum Framework and therefore does not attract government funding. There are no concessions for age.

ENROLMENT – Enrolment forms will not be accepted if received after the last day of the first month of the Semester.

EMPLOYER SPONSORED CANDIDATES – For the convenience of employers, invoices can be issued for employee's fees. Course material for employees of non-LEIA Members will not be released until payment is received. If an employer accepts responsibility for the payment of an employee's fees, that responsibility remains even if the employee leaves the company before the account is paid. If the employer does not pay the required invoiced fee the cost will be passed to the Candidate.

CANCELLED COURSES – If LEIA has to cancel a course then the course fees will be refunded in full.

COURSE FEE REFUNDS – It is LEIA policy not to provide a refund of course fees to Candidates who, having enrolled and embarked on a programme of study, decide to withdraw. However, in exceptional circumstances, a refund of course fees will be considered if the Candidate makes a written Appeal to the Exams Officer stating the reason for withdrawal. The request will be considered by the LEIA Education and Training Committee at its next meeting in accordance with the LEIA Educational Trust Distance Learning Course Appeals Policy.

ETHNIC ORIGIN - LEIA collects information about the ethnicity of its Candidates for our own equal opportunities monitoring. The categories are in line with those developed by the Office of National Statistics.

PRIVACY STATEMENT LEIA endeavours to comply fully with the General Data Protection Regulations 2018 in its handling of personal data. We aim to keep your data safely and securely and to use them only for stated purposes. Where you give us personal data for us to provide you with a service, your data will be used in connection with that service. Full details are contained within the LEIA Educational Trust Distance Learning Course Privacy Policy.