**Enterprising Ashfield**

**INDIVIDUAL ENROLMENT FORM**

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| **Contact Details** | | |
| Name |  | |
| Address |  | |
| Postcode |  | |
| Telephone |  | |
| E-mail |  | |
| Date of Birth (dd/mm/yyyy) |  | |
| Where did you hear about Enterprising Ashfield? | Email  Phone Call  NTU Website  Online Marketing  Leaflet / Poster  Other (please describe): | |
| **To be completed by individuals looking to start a business** | | |
| Please provide a brief description of your business idea:  Please tick this box if you have already registered your business with HMRC/Companies House: | | |
| **To be completed by individuals looking to upskill** | | |
| Are you currently employed by a business located in the Kirkby in Ashfield or Sutton in Ashfield Area | | Yes  No |
| If yes, provide the business name and postcode | |  |
| Is there a particular course you are interested in?  If yes, provide course title and start date if known | |  |
| What is the highest qualification that you hold? | | A-Level, Scottish Higher or equivalent  GCSE/O Level or equivalent  Undergraduate degree or equivalent  Post Graduate degree or equivalent  No Qualifications  Not Known  Prefer not to say |

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| **Equal Opportunities** |
| **Ethnic Origin**  How would you describe your ethnic origin? (Tick one box only)  N.B. Please note that ethnic origin is not a matter of nationality, right of abode in the UK or place of birth. |
| White  Asian  Asian British  Black ☐ African  Caribbean  Black British |
| Mixed ☐ Multiple Ethnic Groups  Other  Prefer not to say |

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| **Sex:** |
| Male  Female  Other  Prefer not to say |
| **Age:** |
| 16 – 24  25 – 29  30 – 34  35 – 39  40 – 44  45 – 49  50 – 54  55 – 59  60 – 64  65 +  Prefer not to say |

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| **Disability**  Do you consider yourself to be a person with a disability as described by the Equality Act 2010? I.e. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities? | |
| Yes  No  Prefer not to say | |
| Do you have any support requirements? We encourage you to tell us about your particular needs relating to a disability, medical condition or specific learning difficulty. This information helps us to make the right arrangements for you and provide the best possible support, so that your experience at NTU is a positive one. |  |

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| **Data Protection** |
| The Enterprising Ashfield Project provides support to businesses, potential entrepreneurs and individuals looking to upskill, based in Kirkby in Ashfield and Sutton in Ashfield. The project is part funded by the Towns Fund. By completing this form, you acknowledge and agree that the data you have provided in this form will be held and used by Nottingham Trent University to consider your enrolment and involvement in the Project. Personal data shall be retained in accordance with the General Data Protection Regulation (GDPR).  To enable Nottingham Trent University to comply with its obligations and funding requirements for the Enterprising Ashfield Project, we are required to share the information you have provided on this form with Ashfield District Council and Department for Levelling Up, Housing and Communities (UK Government) for the purposes of checking eligibility, compliance with Towns Fund and Subsidy Control rules, and audit purposes. By completing this form, you acknowledge and agree for the information you have provided in this form to be shared with the above.  The Information you have provided in this form will not be shared with any other third parties.  We will also use your information to provide statistics through the research undertaken as part of the Project. This will be through anonymisation; you will not be able to withdraw consent with regard to participation in the Project after this point.  Please visit Nottingham Trent University’s Privacy Policy for the Enterprising Ashfield project via this link: <https://www.ntu.ac.uk/__data/assets/pdf_file/0026/1673090/Privacy-notice-Enterprising-Ashfield.March2022.pdf> |

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| **NTU would like to contact you about the wider support available to you from the University.** |
| **Tick** the following box if you **wish** to be contacted |

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| **Declaration** | |
| I certify that the information contained in this enrolment form in applying to join the programme is correct to the best of my knowledge | |
| **Signed:** | |
| **Name in capitals:** | **Date:** |
| **Position:** | |