

The Learners' Network

Membership form

Please complete this form to become a member of The Learners' Network (TLN). Send it to NIACE (details on page 5) and we will add the information to TLN database.

Questions about YOU

1. Family Name:
- First name(s):
2. Address:
- Town: County:
- Postcode:
3. Daytime phone no: E-mail:
4. Age: 16-24 25-34 35-49 50-64 65 and above

Questions about LEARNING

5. Please tell us a little bit about you and learning by ticking ✓ the statement that fits you best:

- I am doing some learning at the moment
- I have done some learning in the last 3 years
- I did some learning over 3 years ago
- I haven't done any learning since leaving school/college

6. Please answer the following question(s) about your education:

I left full-time education when I was years old

or

Choose the statement that fits you best:

I am a full-time student at: school college university

7. How likely are you to do some more learning in the next 3 years?

Please tick ✓ the answer that fits you best:

Fairly likely

Fairly unlikely

Very likely

Very unlikely

8. What kinds of learning are you interested in?

Please tick ✓ as many boxes as you like:

family learning community-based learning further education

workplace learning higher education (university)

fun and pleasure learning

reading, writing, number and language skills

learning for a more fair and equal society computing

creative arts and crafts sport and fitness

learning for a qualification learning to stretch your mind

learning for work and job skills

9. Do you have any awards or qualifications? Please say *briefly* what they are:

Questions about 'The Learners' Network' (TLN)

There are different ways you could be involved in TLN.

10. Please tick ✓ the statements that fit you best. Tick as many as you like

I would like to:

- Receive a regular newsletter about what's happening in TLN

locally and across the country

- Attend events that are of special interest to learners

- Be involved in a local learners' forum *
- * *A local learners' forum is a group of learners that meets every few months to discuss adult learning issues, and to plan and act locally.*
- Help represent other learners within TLN
- Help promote learning and TLN (e.g. by talking to others about your learning experiences)
- Have useful training to help you with certain tasks (e.g. committee skills or contact with the media)
- Contribute to research into adult learning, as and when such opportunities arise (e.g. by asking and answering questions or contributing to focus groups)
- Join an International Learners' Network

11. How would you like to be contacted?

Please tick ✓ the option(s) that suit(s) you best:

- a. Telephone
- b. Mail
- c. E-mail

12. Where did you hear about the learners network? Please tick. ✓

- Newspaper / magazine Radio Website leaflet / poster
- Friend / work colleague Mailing
- Other - please specify

Your experiences of learning

13. We'd like to know a little more about your experiences of learning – who or what encouraged you, the most important things you've learned, the effect this has had, why you would recommend learning to others. Tell us in your own words and say as little, or as much, as you like in the space provided:

NIACE has a comprehensive equal opportunities policy and it is important for us to involve as wide a group of learners as possible.

14. I am: Male Female

15. I am registered disabled: Yes No

If you are not registered disabled, do you consider yourself to have a disability?

Yes No

16. Please tick ✓ the statement(s) that describes you (you can tick more than one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Working full-time | <input type="checkbox"/> Working part-time |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unable to work due to
sickness or disability |
| <input type="checkbox"/> Studying full-time | | <input type="checkbox"/> Looking after home and
family |
| <input type="checkbox"/> Studying part-time | | |
| <input type="checkbox"/> Caring for sick/elderly family members | | |

17. If you are unemployed, please tell us how long you have been unemployed. Please tick ✓ the box that fits you best:

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 2-3 years |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> More than 3 years |
| <input type="checkbox"/> 1 – 2 years | |

18. How would you describe your ethnic group? Please tick ✓ one box:

- | | | |
|--|---|--|
| <input type="checkbox"/> White-British | <input type="checkbox"/> White-other European | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Black-African | <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Black-other |
| <input type="checkbox"/> Asian-British | <input type="checkbox"/> Asian-Bangladeshi | <input type="checkbox"/> Asian-Indian |
| <input type="checkbox"/> Asian-Pakistani | <input type="checkbox"/> Asian other | <input type="checkbox"/> Chinese |

Other (please give details)

For NIACE use only – please don't complete this part

Reference: Data No. Date it became active:

Photo available: Yes No

Thank you for completing this form.

Please post it to:

**Jane Thompson
NIACE, 21 De Montfort Street, Leicester LE1 7GE**

or email to: susan.parkins@niace.org.uk



www.niace.org.uk



EUROPEAN UNION
European Social Fund

'Promoting employment opportunities for all'
www.esf.gov.uk