0

1

3

6

8

8

L25 SFA No L44 NES/NAS Delivery SFA L01 Provider Number (UPIN)

Unique Learner Number

L46 UK Provider Ref No L45 /MIAP NO:

|  |
| --- |
| Section 1 – Learner Information (Please complete in BLOCK CAPITALS using Black Ink) |

L09. Learner’s L26. NI Number

Surname

**9**

**1**

L10. Learner’s L11. Date of

Forenames Birth

L17. Home L13. Sex **(M or F)** Title

Postcode

(of Permanent Address Prior to enrolment)

L18. Home Address L12. Ethnicity Age at start:

L19. L24. Country of

Domicile

L20.

Email

L21. L23. Telephone Number

Emergency Telephone Number

Contact Name:

|  |
| --- |
| **Section 2 – Learning Difficulties/Disabilities and Employment Status** |

L14. Does the learner consider himself/herself to have a learning difficulty, disability or health problem?

**(Enter 1 for ‘Yes’, 2 for ‘No’ and 9 for ‘No information provided by the learner’)**

L15. If the learner has identified a Disability or Health Problem, please record the main disability

L16. If the learner has identified a Learning Disability or Difficulty, please record the main learning difficulty

L34. Learner Support Reasons L36. Status on Day Prior to Learning

L37. Status on First Day of Learning L47. Current Employment Status

**Refer to ILR Specification for codes**

**2**

**0**

L48. Date Employment Status

Changed

|  |
| --- |
| **Section 3 – Prior Attainment Level** |

These programmes service is designed to raise the skill levels of people to benefit themselves, employers and the wider community. The Government chooses to prioritise its investment in those employees and volunteers ***without*** the equivalent of 5 GCSE’s (Grades A-C) already except where flexibilities exist regarding additional qualifications. Please tell us about ***all*** of your existing qualifications. This list is not exhaustive.

|  |  |
| --- | --- |
| **School/College Qualifications**  5 GCSE’s (Grades A-C) or O Levels  5 CSE Grade 1’s  1 or more A Level  2 AS Levels | **Vocational (work related) Qualifications**  BEC General Certificate/Diploma with Credit  HND/HNC/Edexcel/BTEC 1st Diploma or Higher  C&G Higher Operative or Craft/GNVQ Intermediate or Higher  NVQ Level 2, 3 or 4/Access Course |

|  |
| --- |
| **Prior Qualifications** |

Please indicate what qualifications you have completed in the past. Where you have no previous qualifications please state ‘None’.

|  |  |  |
| --- | --- | --- |
| **Details of Qualification completed or currently undertaking** (for example – Title, Module Names, Awarding Body, Institution) | **Date Qualification completed** (date or year if exact date unknown) | **Level Achieved** (eg grade - A, B, C, L1, L2, Intermediate, Advanced) |
|  |  |  |

If required, please continue on an additional sheet and attach to this document.

|  |  |
| --- | --- |
| **Highest and Additional Qualifications** | Highest Qualification: |
| Additional Qualification: |

L35. Prior Attainment Level

**IF PRIOR ATTAINMENT LEVEL 2 OR HIGHER PLEASE CONFIRM NUMBER OF EMPLOYEES IN YOUR WORK PLACE** :

**Section 4 – Eligibility**

Please tick if applicable

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I can confirm that I am Employed and have a Contract of Employment. |  |  |
| I am Self Employed (since ……………………………… month/year) and I have registered my self employment with the HM Revenue and Customs. |  |  |
| I can confirm that I am a Volunteer and receive no payment for the work undertaken other than incurred expenses where payable. |  |  |
| I am not currently on the New Deal Programme or any other government funded training. |  |  |

**Section 5 – Residency Criteria**

Please tick if applicable

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I am normally and lawfully resident in the UK and Islands (this is, including the Channel Islands and the Isle of Man), or any EU Country and have been for the last 3 years. This does not include persons with time-limited leave to remain where this does not extend to the planned end date of the proposed learning aim of study; OR |  |  |
| I have not been resident in the UK but I fulfil the residency criteria and have provided the required evidence to confirm my status, please detail below. |  |  |

If ‘**NO’**, please give details of your circumstances below in order that your eligibility for participation in this programme can be confirmed:

|  |  |
| --- | --- |
| **Details of Circumstances** | **Evidence** (Proof of Residency – Home Office Papers, Immigration and Nationality Departmental Letter, Passport etc) |
|  |  |

|  |
| --- |
| **Section 6 – Confirmation of Information, Advice and Guidance, Induction and Individual Learning Plan** |

I can confirm I have taken part in the following with my Training Provider (please tick **YES** or **NO** to each statement)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. An information and advice session to help me choose the course that is right for me. |  |  |
| 2. I have been given the option of having a confidential advice session. |  |  |
| 3. An assessment of my current Maths and English skills and advice on how I can up-date these:  (not mandatory if undertaking SME units/thin qualifications) |  |  |
| 4. An assessment of my current work skills and those I need to develop in my job. |  |  |
| 5. A structured induction to my programme including: Equal Opportunities, Health & Safety, the role of the training Provider, Additional Learning Support, Appeals / Disciplinary procedure and the role, Progress Reviews and responsibilities of the learner. |  |  |
| 6. Development of an Individual Learning Plan including: course content and duration, outcome qualifications, planned dates for progress reviews. |  |  |
| 7. A discussion on options available, including Apprenticeships. |  |  |
| 8. A discussion of my initial assessment results. |  |  |
| 9. I understand that my course is being funded by the European Social Fund. |  |  |

|  |
| --- |
| **Section 7 – Employer Details** |

Employer Name Contact Name

A45. Workplace Location

Postcode

Telephone Number Email

|  |
| --- |
| **Section 8 – Learning Aim & Funding Details** |

College Course Code

A09. Learning Aim Reference A53. Additional Learning/Social Needs

**0**

**2**

A27. Learning Start Date

**0**

**2**

A28. Planned End Date

A23. Delivery Location Postcode

9

9

9

A51a. Proportion of Funding A71 Full Funded Co-Funded

Remaining

A44. EDRS Number

A22. UKPRN number

(Partner use only)

A64. Planned group-based A65. Planned one-to-one

Hours contact hours

|  |
| --- |
| **Section 9 – Declaration** |

**Data Protection Act 1998 – You and Your Rights**

During you time at the College, we will collect information about you. In order that you can progress through your course, it is important that this data is processed and stored securely within College for various purposes, which may include Enrolment Forms, ID Card Photographs, Registers, Achievements, References, Records of your College Work, Financial Records, Disciplinary Records. Please contact the College if you wish to know why this information is required. Information may be in both hard or electronic formats. Full records will be stored for the current and previous three academic years, after which time summary data will be held for a further three years, for statistical purposes.

We may disclose certain information to your employer if sponsoring your studies, and to your named Emergency Contact, if you are under 19.  Specific requests for information release to other third parties will be considered on the completion of the relevant form.  We may disclose details of medical conditions you have told us (or a third party) about, where it is necessary for us to help safeguard your health and safety, or that of others. In the case of under 16 year olds, the College will normally liaise with your school, LEA and/or parents, as appropriate. For further information about partner organisations and what they do, go to  [www.bis.gov.uk/policies/further-education-skills](file:///\\\\www.bis.gov.uk\\policies\\further-education-skills)

The personal information you provide is passed to the Chief Executive of the Skills Funding Agency (The SFA) and when needed, the Young Peoples Learning Agency for England (The YPLA) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the SFA Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations including relevant Awarding Bodies, the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the SFA and YPLA or its partners. Further information about use of and access to your personal data, and details of partner organisations are available at <http://skillsfundingagencybisgov.uk/privacy.htm>, <http://wwwypla.gov.uk/privacy.htm> and <http://www.learningrecordsservice.org.uk/docunentlibrary/dococuments/Code+of+Practice+for+Sharing+of+Personal+Onformation.htm>.

Learners are assumed to give consent to share their information with Learner Registration Service (LRS) unless they elect to opt-out.

Your course(s) may be part of a wider project which is co-financed by the European Social Fund (ESF). The SFA/YPLA is also a co-financing organisation and uses ESF funding from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources.

**Tick box L27a if you do not wish to be contacted by the SFA or its partners in respect of surveys and research. The SFA values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. The SFA or its partners may wish to contact you from time to time about courses, or learning opportunities that are relevant to you. Please tick box L27b if you do not wish to be contacted about courses or learning opportunities by post.**

**L27a**

**L27b**

**Learner**

‘I confirm that all of the personal information on this form is correct and I declare that I have correctly identified my prior qualifications. I have a contract of employment (where applicable) and I fulfil the residency regulations for the SFA in England. I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided’.

Learner Signature Date

**Employer**

‘I confirm that, to the best of my knowledge, the information on this form is correct and that the learner is undertaking the appropriate qualification aim(s). If the above named learner is employed by me, I declare that they have a contract of employment **or** if the above named learner is a volunteer within my organisation, they are unpaid **or** if the above named learner is undertaking Units/Thin qualifications, I declare that I am an SME employer in the private or third sector.

Employer Signature Date

**College/Provider**

‘I confirm that the information on this form is correct and I declare that I have supported the learner in the completion of this document and to the best of my knowledge, the above named learner is eligible to enter the programme. I have seen evidence to support the residency criteria (where applicable)’.

Provider Signature Date

**Section 11 – Achiever/Early Leaver Information**

A31. Learning Actual L39. Destination

**0**

**2**

end date

A40. Achievement date

**0**

**2**

A34. Completion status A35. Learning outcome

9

9

9

A50. Reason Learning EndedA60.Credits Achieved

(QCF learning aims only)

**Achiever** – I can confirm and certify that the Achievement details on this form are correct. All required evidence has been submitted

with the claim and copies of such documents are held for audit purposes. Evidence to confirm learning is also held for audit purposes.

**Early Leaver** - I can confirm that this learner has withdrawn from the programme and that a formal withdrawal

letter has been issued to the learner.

Provider Name Date

Provider Signature

**Notes:**