

ENROLMENT FORM (EF)

Provider	Paddington Development Trust	Contract	EQUIP
UKPRN	10019380	Deliverer	
ULN (for office use only)		LRN (for office use only)	

1 PERSONAL DETAILS *Please complete this form and answer all relevant questions.
Should you need assistance please ask for help.*

Title								
Forenames			Surname					
Address			Borough					
			Postcode					
DOB		Email						
Age		Mobile/Home Tel						
NI Number								
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Intersex	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>
Please state preferred method of contact								

2 ETHNICITY

31	English/Welsh/Scottish/Northern Irish	<input type="checkbox"/>	40	Pakistan	<input type="checkbox"/>
32	Irish	<input type="checkbox"/>	41	Bangladeshi	<input type="checkbox"/>
33	Gypsy or Irish Traveller	<input type="checkbox"/>	42	Chinese	<input type="checkbox"/>
34	Other White Background	<input type="checkbox"/>	43	Other Asian Background	<input type="checkbox"/>
35	White and Black Caribbean	<input type="checkbox"/>	44	African	<input type="checkbox"/>
36	White and Black African	<input type="checkbox"/>	45	Caribbean	<input type="checkbox"/>
37	White and Asian	<input type="checkbox"/>	46	Other Black African/Caribbean	<input type="checkbox"/>
38	Other Mixed/Multiple Ethnic Background	<input type="checkbox"/>	47	Arab	<input type="checkbox"/>
39	Indian	<input type="checkbox"/>	98	Other Ethnic Group	<input type="checkbox"/>
	Not Known/Not Provided	<input type="checkbox"/>			

3 LEARNING DIFFICULTY/DISABILITY/HEALTH PROBLEM

Do you consider yourself to have any long-term disability, health problem or any learning difficulties?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1	Moderate Learning Difficulty	<input type="checkbox"/>	1	Visual Impairment	<input type="checkbox"/>
2	Severe Learning Difficulty	<input type="checkbox"/>	2	Hearing Impairment	<input type="checkbox"/>
3	Dyslexia	<input type="checkbox"/>	3	Disability Affecting Mobility	<input type="checkbox"/>
4	Dyscalculia	<input type="checkbox"/>	4	Other Physical Disability	<input type="checkbox"/>
5	Other Specific Learning Difficulty	<input type="checkbox"/>	5	Other Medical Condition (For Example Epilepsy, Asthma, Diabetes)	<input type="checkbox"/>
6	Autism spectrum disorder	<input type="checkbox"/>	6	Emotional/Behavioural Difficulties	<input type="checkbox"/>
7	Multiple Learning Difficulties	<input type="checkbox"/>	7	Mental Health difficulty	<input type="checkbox"/>
8	Other	<input type="checkbox"/>	8	Temporary Disability After Illness (For Example Post-Viral) or Accident	<input type="checkbox"/>
9	Not known/ Not provided	<input type="checkbox"/>	9	Profound Complex Disabilities	<input type="checkbox"/>
			10	Asperger's syndrome	<input type="checkbox"/>
			11	Multiple Disabilities	<input type="checkbox"/>

4 PROOF OF ELIGIBILITY						
4A RIGHT TO WORK/LIVE		<i>Please select and provide evidence for ONE letter option in ONE citizenship category</i>				
UK CITIZENS	A)	UK Passport (expired acceptable)	Passport No:		<input type="checkbox"/>	
	B)	UK Birth / Adoption Certificate	Certificate No:		<input type="checkbox"/>	
		IN ADDITION TO				
		P45 or P60 or National Insurance Number or Driving License (provisional accepted)	Ref No:		<input type="checkbox"/>	
EU CITIZENS	EU Citizens (EEA, Swiss, Iceland, Liechtenstein and Norway) Settlement Status: <i>Due to the UK leaving the European Union, EU Citizens must be able to provide one of the following to work in the UK and access the EQUIP Project. Those who only provide an ID/passport without settled or pre-settled status, can only access this project until <u>30th June 2021</u>, unless a settled or pre-settled status letter is provided.</i>					
	A)	EU Identity Card/Passport or Birth Certificate PLUS Settled Status	Document Ref No: Status Ref No:		<input type="checkbox"/>	
	B)	EU Identity Card /Passport or Birth Certificate PLUS Pre-Settled Status	Document Ref No: Status Ref No:		<input type="checkbox"/>	
			Pre-Settled Status End Date:			
C)	EU Identity Card/Passport Only (accepted until 30 th June 2021)	Reference Number:		<input type="checkbox"/>		
INTERNATIONAL CITIZENS	A)	Passport with endorsed indefinite leave to remain or includes work, residency permits or visa stamps (unexpired)	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
	B)	Residence Permit	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
	C)	Work Permit/Visa	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
	D)	Biometric Card	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
	E)	Identity Card issued by the Home Office in place of visa confirming right to work and stay in the UK	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
	F)	Letter from UK Immigration confirming right to work	Nationality:	Ref No:	Expiry Date:	<input type="checkbox"/>
4B PROOF OF ADDRESS						
<i>Please tick one of the following:</i>						
Government Body Letter		<input type="checkbox"/>	Driving Licence		<input type="checkbox"/>	
Utility bills		<input type="checkbox"/>	Bank statement		<input type="checkbox"/>	
NHS Letter		<input type="checkbox"/>	Other (specify):			
4C PROOF OF AGE						
<i>Please tick one of the following:</i>						
Driving Licence		<input type="checkbox"/>	Birth Certificate		<input type="checkbox"/>	
Passport		<input type="checkbox"/>	Other (specify):			

4D EMPLOYMENT STATUS	
You are; <ul style="list-style-type: none"> Not working and unemployed, which means you are currently looking for work and may be receiving unemployment benefits of some kind or Not working and economically inactive, which means you are not currently looking for work for some reason. 	
<i>Please tick one of the following:</i>	
Are you registered unemployed with Job Centre Plus?	<input type="checkbox"/>
Are you unemployed but not registered with Job Centre Plus?	<input type="checkbox"/>
Are you registered economically inactive with Job Centre Plus?	<input type="checkbox"/>
Are you economically inactive but not registered with the Job Centre Plus?	<input type="checkbox"/>
If you are registered, please provide one of the following	
A letter from the Job Centre Plus stating receipt of benefit(s)	<input type="checkbox"/>
A letter from DWP stating receipt of benefit(s)	<input type="checkbox"/>
A Universal Credit Statement (accessible online)	<input type="checkbox"/>
A Third-Party Verification / Referral Letter from JCP (template provided by project staff)	<input type="checkbox"/>
If you are unregistered, please provide one of the following	
A Third-Party Verification / Referral Letter from who referred the participant (template provided by project staff)	<input type="checkbox"/>
Self-Declaration (do not default)	<input type="checkbox"/>

Length of Unemployment			
Have been unemployed for less than 6 months	<input type="checkbox"/>	Have been unemployed for 24-35 months	<input type="checkbox"/>
Have been unemployed for 6-11 months	<input type="checkbox"/>	Have been unemployed for 36 months or more	<input type="checkbox"/>
Have been unemployed for 12 – 23 months	<input type="checkbox"/>		
Employment Benefit Status			
⁰ No employment benefits received	<input type="checkbox"/>	³ Other benefit other than JSA, Universal Credit or ESA (WRAG)	<input type="checkbox"/>
¹ Job Seekers Allowance (JSA)	<input type="checkbox"/>	⁴ Universal Credit	<input type="checkbox"/>
² Employment and Support Allowance – Work Related Activity Group (ESA WRAG)			<input type="checkbox"/>

Self-Declaration of Unregistered Employment Status	
<i>If the participant is unregistered, please tick below how the participant meets the unregistered eligibility definition</i>	
Persons who have retired early	<input type="checkbox"/>
Caring responsibilities (children)	<input type="checkbox"/>
Discharging care responsibilities	<input type="checkbox"/>
Lone parents	<input type="checkbox"/>
Long term sick	<input type="checkbox"/>
Temporarily sick	<input type="checkbox"/>
Looking after the home	<input type="checkbox"/>
Looking after the family	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>

5 HOUSEHOLD SITUATION		Please tick one of the following:
1	No household member is in employment and the household includes one or more dependent children	<input type="checkbox"/>
2	No household member is in employment and the household does not include any dependent children	<input type="checkbox"/>
3	Single adult household with dependent children	<input type="checkbox"/>
98	Prefer not to say	<input type="checkbox"/>
99	None of the above apply	<input type="checkbox"/>

6 PRIOR QUALIFICATIONS	
Please indicate the highest level of qualification you have completed in the past:	
Entry	<input type="checkbox"/> Level 5 - HND, Foundation Degree, QCF Award/Certificate/Diploma Level 5 <input type="checkbox"/>
Other Qualifications Below Level 1	<input type="checkbox"/> Level 6 - Bachelor's degrees, QCF Award/Certificate/Diploma Level 6 <input type="checkbox"/>
Level 1 – GCSE/O Level (5 or more at grades D-G or fewer than 5 at grades A-C, 1 AS Level, NVQ Level 1, GNVQ Foundation, BTEC First Certificate	<input type="checkbox"/> Level 7 - QCF Award/Certificate/Diploma Level 7 or 8, master's degrees, postgraduate Certificates and Diplomas <input type="checkbox"/>
Level 2 – 5+ O Level/GCSE grades A-C, NVQ Level 2, Intermediate GNVQ, 1 A-level, 2/3 AS Levels, BTEC 1st Diploma	<input type="checkbox"/> Other qualification level not known <input type="checkbox"/>
Level 3 - 2+ A-levels, 4+ AS levels, NVQ Level 3, Advanced GNVQ, BTEC National Certificate/Diploma	<input type="checkbox"/> No Qualification <input type="checkbox"/>
Level 4 - HNC, NVQ Level 4, Certificate of Higher Education, QCF Award/Certificate/Diploma Level 4	<input type="checkbox"/>

7 DECLARATIONS AND SIGNATURES	
LEARNER'S CONSENT AGREEMENT	
General Data Protection Regulation (GDPR) 2018 - CONSENT TO PROCESS	
PDT collects information about all our staff and learners for various administrative, academic and health and safety reasons. Due to the GDPR and the Data Protection Act 1998, we need your consent before we can do this. We cannot operate the service effectively without processing information about you, we need you to sign the consent to process clause. If you do not do so, we will be unable to offer you a place, and may withdraw any offer already made. If you require any further information about this, please contact our team on 02072668254.	
The information will be used for the following purposes:	
Transmission of appropriate learner records information for external bodies such as The Education Skills Funding Agency (ESFA), European Social Fund (ESF), Awarding Bodies and administrative purposes.	
Managing and maintaining a safe environment.	
Monitoring and improving the quality of provision.	
Monitoring for equal opportunities purposes.	
I agree to PDT collecting, recording and processing my personal data as contained in this form, or other data or images which PDT Employment may obtain from me or other relevant agencies, whilst I am a learner. I agree that the provider will process such data only for purposes connected to my studies or my health and safety whilst on the premises or for other statutory purposes.	
The information to be recorded and processed (at the date of this agreement) has been completed by me and I confirm that it is correct. I also note that you may need to process sensitive personal data on me in respect of any special needs I may have, to enable you to deliver the agreed course properly and to have proper regard for my health, safety and well-being whilst I am a learner with you. This will enable you to fulfil your obligations to me under this Learner Agreement and as required by law, and I consent to such use.	
Learner Record Service Privacy Notice	
The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record.	
How We Use Your Personal Information	
The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a Unique Learner Number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training and employment-related purposes, including for research. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: https://www.gov.uk/government/organisations/education-and-skills-funding-agency . This activity has been directly financed by the European Social Fund – helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources.	
Learner Signature	Date
Staff Signature	Date



INDIVIDUAL LEARNING RECORD (ILR)

Full Name:

Section One: Learner Start and Completion Information

Learning Aim Title	ST01 – ESF Learner Start and Assessment	Learning Aim Reference	Z E S F 0 0 0 1	
Delivery Location Postcode				
Learning Start Date		Completion Status		
Actual End Date		Achieved	<input checked="" type="checkbox"/>	Withdrawn
Planned End Date		Withdrawal Reason		
Learning Aim Title	Non-regulated ESFA formula funded provision, No defined level, Foundations for Learning	Learning Aim Reference	Z 0 0 0 9 0 6 2	
Guided Learning Hours	7-12 hrs	Delivery Location Postcode		
Learning Start Date		Planned End Date	30/06/2023	
Actual End Date		Completion Status	Achieved	<input type="checkbox"/>
			Withdrawn	<input type="checkbox"/>
		Withdrawal Reason		

Learner Signature

I certify that the information contained above is correct,

Signature

Date

Section Two: Learner Destination and Progression Record

This part of the ILR is completed when the learner has finished or withdrawn all activities.

Outcome Record – please tick the learner’s destination and progress route

Definition	Code	Tick	Outcome Start Date:
Education	EDU	<input type="checkbox"/>	
In Paid Employment	EMP	<input type="checkbox"/>	

Self-Declaration Progression Details (only use in absence of evidence)

Name of Employer	
Address	
Telephone	
Job Title	
No. of Hours per week	
Name of Training Provider	
Address	
Telephone	
Course Title	
No. of Hours per week	