

**South East LEP Community Grants Programme**

This form is for project staff to complete before the first activities are undertaken in the project.

**Individual Learner Record Part 1- Entry form**

Organisation:

Part 1: Participant details

Title: [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss

Given name(s):

Last name:

Gender: [ ]  Male [ ]  Female

Date of birth:

Participant age at start.

|  |  |
| --- | --- |
| Address: | House number |
|  | Address line 1 |
|  | Address line 2 |
|  | Address line 3 |
|  | County |

Postcode:

Phone number:

Mobile number:

Email

National Insurance number:

Unique Learner Number (ULN):

Please tick which of the following statements apply (one or more may apply):

[ ]  No member of the household in which the participant lives (including the participant) is employed

[ ]  The household in which the participant lives includes only one adult (aged 18 or over)

[ ]  There are one or more dependent children (aged 0-17 years or 18-24 years if full-time student or inactive) in the household

[ ]  None of these statements apply

Tick one category that you feel best describes your ethnic origin:

[ ] Asian/Asian British:

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Other background

[ ]  Black/Black British:

[ ]  Caribbean

[ ]  African

[ ]  Other background

[ ]  Dual heritage:

[ ]  White and Black

[ ]  Caribbean

[ ]  White and Black

[ ]  African

[ ]  White Asian

[ ]  Other background

[ ]  Other ethnic group:

[ ]  Arab

[ ]  Other background

[ ] White:

[ ]  British

[ ]  English

[ ]  Northern Irish

[ ]  Scottish

[ ]  Welsh

[ ]  Irish

[ ]  Gypsy, Irish Traveller or Roma

[ ]  Other background

|  |  |  |  |
| --- | --- | --- | --- |
| Do the participant consider them self to have a limiting long-term health condition or disability? |[ ]  Yes |[ ]  No |[ ]  Prefer not to say |

*This is a physical or mental impairment that has a substantial and long-term negative affect on the participant’s ability to do normal daily activities. Please check each of the following which describes the nature of their disability, learning difficulty and/or health problem:*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Emotional/Behavioural difficulties  |[ ]  13 | Dyscalculia |[ ]
| 2 | Multiple disabilities  |[ ]  14 | Autism Spectrum Disorder  |[ ]
| 3 | Multiple learning difficulties  |[ ]  15 | Asperger’s syndrome  |[ ]
| 4 | Visual impairment  |[ ]  16 | Temporary disability after illness or accident  |[ ]
| 5 | Hearing Impairment  |[ ]  17 | Speech, language, and communication needs  |[ ]
| 6 | Disability affecting mobility  |[ ]  93 | Other physical disability  |[ ]
| 7 | Profound complex disabilities  |[ ]  94 | Other specific learning difficulty (e.g. Dyspraxia) |[ ]
| 8 | Social and emotional difficulties  |[ ]  95 | Other medical condition (e.g. epilepsy or diabetes)  |[ ]
| 9 | Mental Health difficulty  |[ ]  96 | Other learning difficulty  |[ ]
| 10 | Moderate learning difficulty  |[ ]  97 | Other disability  |[ ]
| 11 | Severe learning difficulty  |[ ]  98 | Prefer not to say  |[ ]

Tick **one** option below for the highest level of education or qualification the participant currently holds:

|  |  |
| --- | --- |
|[ ]  None. |[ ]  Level 3, AS/A2/A levels. |
|[ ]  Below Level 1/Entry Level. |[ ]  Tertiary education, NVQ level 4-5, degree or post-graduate diploma. |
|[ ]  Level 1 (GCSE D-G). |  |  |
|[ ]  Level 2 (GCSE A-C). |[ ]  Not Known. |

Please tick the methods the participant can be contacted by.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Landline | [ ]  | Mobile | [ ]   | Email | [ ]  | Post |

This information in this form will be used to evaluate this project and to report to the Education and Skills Funding Agency and European Social Fund for monitoring purposes. The participant may be contacted to discuss their involvement in the project.

For the purposes of the Data Protection Act 1998, the Department for Work and Pensions is the data controller in respect of information processed which relates to the participant’s engagement in the project funded by the European Social Fund.

Participants may be contacted by the ESFA as part of an audit. Please ask them to indicate their consent by signing in the box below.

Participant signature:

Part 2: Participant eligibility

You must check that the participant has the right to live and work in the UK. You are required to record the participant’s National Insurance number to uniquely identify them, this must be provided as soon as possible. For registration the participant must provide one item of evidence from the list below.

Tick **one** box to confirm the item of evidence provided:

A passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK. [ ]

A passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland. [ ]

A Registration Certificate or Document Certifying Permanent Residence issued by the Home Office to a national of a European Economic Area country or Switzerland. [ ]

 A Permanent Residence Card issued by the Home Office to the family member of a national of a European Economic Area country or Switzerland. [ ]

A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK or enough time remaining to complete the activities the project will deliver. [ ]

A current passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK, or enough time remaining to complete the activities the project will deliver.[ ]

 A current Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, or enough time remaining to complete the activities the project will deliver, **together** with an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer. [ ]

A full birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder’s parents or adoptive parents, together with an official document giving the person’s permanent National Insurance number. [ ]

A birth or adoption certificate issued in the Channel islands, the isle of Man or Ireland, together with an official document giving the person’s permanent national Insurance number and their name issued by a Government agency or a previous employer. [ ]

 A certificate of registration or naturalisation as a British citizen, together with an official document giving the person’s permanent national Insurance number and their name issued by a Government agency or a previous employer. [ ]

‘European Economic Area’ means all EU states plus Iceland, Liechtenstein, Norway and Switzerland.

**PLEASE NOTE:** Project workers must see an original copy of any document and retain a photocopy. This must be signed and dated by an appropriate member of the project staff as a true copy of the original and kept securely in the individual’s participant file.

You must copy and retain the following:

* For passports: any page with the document expiry date, nationality, date of birth, signature, leave expiry date, biometric details and photograph, and any page containing information indicating the holder has an entitlement to enter or remain in the UK and undertake the activity in question.
* For all other documents: the document in full, both sides of a Biometric Residence Permit.

You must **check** that the documents are genuine, that the person presenting them is the rightful holder and eligible to benefit from the support you are offering.

|  |  |  |  |
| --- | --- | --- | --- |
| Is the photograph consistent with the person’s appearance?  | [ ]  Yes  | [ ] No | [ ] N/A |
| Is the date of birth consistent with the person’s appearance?  | [ ]  Yes  | [ ] No | [ ] N/A |
| Are the document expiry dates current i.e. not passed or in the future | [ ]  Yes  | [ ] No | [ ] N/A |
| Are you satisfied the document is genuine, has not been tampered with and belongs to the holder? | [ ]  Yes  | [ ] No | [ ] N/A |
|  |  |  |  |
| Please record the expiry date of the document here |  |
|  |  |
| I confirm that the copy of the evidence is a true copy of the original. | Project officer’s signature: |
|  | Date: |

Learning delivery postcode;

Start date: (date form completed)

Planned end date:

Learning aim reference:

Part 3: Participant employment status

The SELEP Community Grants Programme is part funded by the European Social Fund. To meet funding requirements, partner organisations are required to verify the economic status of all project participants by reviewing and safely storing copies of all relevant verification documents.

You need to confirm the participant’s employment status: Please tick one category:

[ ]  Unemployed. [ ]  Economically inactive

* Unemployed means the participant is currently looking for work and may be receiving unemployment benefits of some kind
* Economically inactive means the participant is not currently looking for work for some reason.

If the participant is unemployed or economically inactive they must provide **one** item of evidence from the list below. You must see an original and retain a photocopy.

Tick **one** box below to confirm the item of evidence provided:

[ ]  If the participant is registered unemployed, a letter or document from the Department for Work and Pensions confirming this.

[ ]  If the participant is unemployed but not registered unemployed, a letter or document from a government agency, such as the Careers Service, confirming this.

[ ]  If the participant is economically inactive, a letter or document to support this, such as a doctor’s letter, entitlement to state retirement pension letter, or correspondence from an educational establishment.

If the participant is unemployed tick ONE box below, to indicate how long they have been out of work?

[ ]  Less than 6 months [ ]  Between 6 - 11 months

[ ]  Between 12 – 23 months’ [ ]  between 24 – 35 months

[ ]  Over 36 months

**Every effort should be made to collect evidence that the participant is economically inactive.** If the participant is unable to provide evidence that they are economically inactive, please obtain and verify a referral from a credible partner. If this is not possible, consider credible alternative documents (expired, incomplete, combination of documents not listed as preferred evidence) and use the box below to document why the participant doesn’t have the preferred documents and why the alternatives provided are credible

|  |
| --- |
|  |

Where you are satisfied that the participant qualifies despite lack of evidence, please document why the participant has no evidence, how they have attempted to collect it, why you are satisfied that the participants reasons are credible and move to self-declaration.

**Please evidence that self-declaration has been used as a last resort by detailing the efforts you have made to evidence the participants’ status in the box below:**

|  |
| --- |
|  |

If the participant is unable to provide formal documentation that confirms their unemployed status such as Job Seekers Allowance, Universal Credit or other relevant documents, please complete the declaration below and ask the participant to sign it.

I declare that I am currently looking for work or to become self-employed, but I’m not officially registered as unemployed with the Job Centre or any other state agency because:

|  |
| --- |
|[ ]  My parent(s)/carer(s) support me economically |
|[ ]  My partner/husband/wife supports me economically |
|[ ]  My current personal economic status means that I don' qualify for state financial support at present |
|[ ]  Other (please state): |  |

Signature:

Date:

Is the participant currently in education or training? [ ]  Yes [ ]  No

If yes, please include details of the course, educational institution or provider.

Is the participant currently claiming any benefits? [ ]  Yes [ ]  No

If yes, which ones?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Universal Credit | [ ]  | Jobseeker’s Allowance |
| [ ]  | IB/ESA or other sickness related benefit | [ ]  | Income Support |
| [ ]  | Disability Living Allowance |  |  |
| [ ]  | Other – please state: |  |

|  |  |
| --- | --- |
| I confirm that the copies of evidence are true copies of the original.  | Project officer’s signature: |
|  | Date: |

Part 4: Initial personal assessment and plan

What is the participant’s current situation (housing arrangements, education)?

What are their personal strengths, skills, knowledge and abilities?

Are there any skills, training or qualifications they would like to gain?

What are their personal goals for the future?

1.

2.

3.

Are there things that are barriers to reaching their goals (housing situation, transport, childcare, experience, health issues, etc.)?

Part 5: Participant declaration

By signing below, I confirm the following:

* I understand that the support I will be offered is part funded by the European Social Fund.
* The information provided in the form is, to the best of my knowledge, accurate.
* If I have ticked a ‘Prefer not to say’ option anywhere on this form, I confirm that I am refusing consent for this information to be collected for the purposes of equality monitoring.
* I give permission for my personal details to be shared and stored in a secure manner with the Education & Skills Funding Agency and other authorised bodies.
* I understand that this information will be stored securely and retained until at least 31 December 2030 for audit purposes in compliance with the data Protection Act 1998. This information will be used to evaluate this project and to report to the Education & Skills Funding Agency. After that time, it will be destroyed in a secure manner.
* I may be contacted to discuss my involvement in the project.
* I give permission for my details to be shared with other organisations involved in the delivery of this project.

Name (please print):

Signature:

Date:

Part 6: Project Officer Declaration

Tick **each** box to confirm:

[ ]  The participant understands that the support they’ll be offered is part funded by the European Social Fund.

[ ]  The information provided in the form is, to the best of my knowledge, accurate.

[ ]  I have confirmed that the participant has the right to work in the UK by sight of an original document and have recorded the evidence.

[ ]  I have checked that the participant is unemployed or economically inactive and have signed a photocopy of an original document that I have had sight of or, where this isn’t possible, the participant has completed an employment status self-declaration.

[ ]  I understand that this form and the items of evidence provided must be retained until at least 31 December 2030.

[ ]  I understand that the Education and Skills Funding Agency, or other authorised bodies, may request to see this information at any time and that it can only be shared in a secure manner and never emailed.

|  |  |
| --- | --- |
| Name: | Signature: |
| Job title: |
| Organisation: |
| Date: |