****

**LEARNER ENROLMENT FORM**

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualification or Course:** |  |
| **Planned start date:** |  |
| **Planned end date:** |  |
| **Actual start date:** |  |
| **ULN** |  |
| **ESyNCS ID (If Applicable)** |  |
| **Tutor/Mentor Name** |  |

**Pre-Start Introduction/Learner Information**

**This Learning Agreement outlines a programme of learning agreed between Global and the Learner.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title and Full Name’s:** |  | **Tutor Name:** |  |
| **Address:** |  | **Postcode:** |  |
| **Home Phone:** |  | **Mobile Telephone:** |  |
| **Email Address:** |  | **Twitter:**  **Facebook:**  **Instagram:** |  |
| **Lived at this address if less than 3 years provide other addresses on additional notes** |  | **Age at referral** |  |
| **Date of Birth:** |  | **National Insurance:** |  |
| **Place of Birth:** |  | **Nationality:** |  |
| **Gender:** |  | **What is your preferred method of contact?** |  |

**Your personal contact details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of Kin**  **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Postcode:** |  |
| **Home Phone:** |  | **Email Address:** |  |
| **Mobile Number:** |  |  |  |

**Next of kin details Priority:**

**Next of kin details 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of Kin**  **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Postcode:** |  |
| **Home Phone:** |  | **Email Address:** |  |
| **Mobile Number:** |  |  |  |

**Equality and Diversity**

It is our aim to ensure no employee or applicant for training receives less favourable treatment because of their gender, sexual orientation, marital status, disability, age, creed, religion, colour, race, nationality or ethnic origin. In order to assist us to monitor the effectiveness of our Equality and Diversity Policy, please complete the questions below. If you decline to answer section 8 it will not affect your entitlement to participate on our programmes.

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White – English/Welsh/Scottish/N Irish/British |  | Asian/Asian British – Indian |  | Other ethnic group - Arab |  |
| White – Irish |  | Asian/Asian British – Pakistani |  | Other ethnic group – Any Other |  |
| White – Gypsy or Irish Traveller |  | Asian/Asian British - Bangladeshi |  | Prefer not to say |  |
| White – Any other White Background |  | Asian/Asian British - Chinese |  |  |  |
| Mixed – White and Black Caribbean |  | Asian/Asian British – Any Other Asian |  |  |  |
| Mixed – White and Black African |  | Black/African/Caribbean/Black British – African |  |  |  |
| Mixed – White and Asian |  | Black/African/Caribbean/Black- Caribbean |  |  |  |
| Mixed – Any other Mixed /Multiple Ethnic |  | Black/African/Caribbean/Black – Any Other |  |  |  |

|  |  |
| --- | --- |
| Is English your first Language? | Yes No |
| If no, what is your first Language? |  |
| Do you have any ESOL qualifications? | Yes No |

**Residency Information**

**Have you been permanently resident in the EU/EEA** Yes No

**including the UK for the last 3 years?**

***If NO, complete the rest of this section:***

In which country do you normally live?

Are there any immigration restrictions on how long you can Yes No

stay in the UK?

What date did you enter the EU/UK

**Medical History**

**Please give details of any serious illness, operations or any current medical disability.**

|  |
| --- |
| **Please give details here. If this doesn’t apply then please leave blank or write ‘not applicable’ (N/A)** |
|  |

Yes No

**Do you consider yourself to have a long-term disability  
health problem or any other? (Please ✓ tick)**

**If you answered ‘No’ to the above question go to Page 5**. If you ticked ‘Yes’ then please tick the appropriate boxes below.

|  |  |  |
| --- | --- | --- |
| **DS Codes:** | | **(✓)** |
| 4 | Visual impairment |  |
| 5 | Hearing impairment |  |
| 6 | Disability affecting mobility |  |
| 7 | Profound complex disabilities |  |
| 8 | Social and emotional difficulties |  |
| 9 | Mental health difficulty |  |
| 10 | Moderate learning difficulty |  |
| 11 | Severe learning difficulty |  |
| 12 | Dyslexia |  |
| 13 | Dyscalculia |  |
| 14 | Autism spectrum disorder |  |
| 15 | Asperger’s syndrome |  |
| 16 | Temporary disability after illness (for example post-viral) or accident |  |
| 17 | Speech, Language and Communication |  |
| 93 | Other physical disability |  |
| 94 | Other specific learning difficulty (e.g. Dyspraxia) |  |
| 95 | Other medical condition (for example epilepsy, asthma, diabetes) |  |
| 96 | Other learning difficulty |  |
| 97 | Other disability |  |
| 98 | Prefer not to say |  |

|  |  |
| --- | --- |
| Are you in touch with any external specialist agencies: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Prior Qualifications (please** | **✓** | **highest only)** | |  |  |  |  |
| No Qualifications | | |  | Level 2 |  |  |  |
| Entry Level Qualifications | | |  | Level 3 |  |  |  |
| Level 1 | | |  | Level 4 + |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Qualifications or Exam Title:** | **Date of Achievement:** | **Result or Grade:** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Priority Groups –** | **Tick** |
| Aged 15 to 20 years old (on the day they start the service) |  |
| Aged 15-24 with an LLDD (in particular those who have an EHCP) |  |
| Care Leaver aged 15-24 |  |
| Hardest to reach / ‘hidden’ young people who are NEET particulary those 18+ and at risk of long-term employment |  |
| Participants from ethnic minorities |  |
| Participants with disabilities |  |
| Participants without Basic Skills |  |
| Participants who live in a single adult household with dependent children |  |
| Female Participants |  |
| Young people with an EHCP |  |
| Young people with SEND support |  |
| Teenage parents |  |
| Young people with ESOL needs |  |
| Young people in LA Care / Care Leavers |  |
| Young ex-offenders |  |
| Young people with emotional / mental health issues |  |
| Young people of school age who are in elective home education |  |
| Young people who have previously attended alternative provision |  |
| Young Carers |  |
| Young adults who are unemployed but not accessing mainstream support from DWP |  |
| Young people with emotional health and well-being barriers |  |

|  |  |
| --- | --- |
| **What are your career goals:** |  |

|  |  |
| --- | --- |
| **Household Situation – Please tick one or more of the following statements that apply to you:** | |
| **01. No household member is in employment and the household includes one or more dependent children** | ❑ |
| **02. No household member is in employment and household does not include any dependent children** | ❑ |
| **03. Learner lives in a single adult household with dependent children** | ❑ |
| **98. I wish to withhold this information** | ❑ |
| **99. None of statements 01, 02 or 03 apply** | ❑ |

**Your current employment status:**

|  |  |
| --- | --- |
| **I am self-employed** | ❑ (please tick to confirm) |
| **I am employed** | ❑ (please tick to confirm) |
| **I am unemployed** | ❑ (please tick to confirm) |

**For employed learners**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date you started your current job:** |  | **Employer or Company Name:** |  | |
| **Job Title or Job Description:** |  | **Do you earn more than £330 per month from your job?** | Yes ❑ | No ❑ |
| **I confirm that I am an employee and I have a contract of employment** | ❑  (please tick to confirm) | **How many hours a week do you usually work?** |  | |

**For unemployed learners please tick the relevant box below:**

**I have been unemployed for: -**

|  |  |  |
| --- | --- | --- |
| **Codes** | | **(✓)** |
| 1 | Less than 6 months |  |
| 2 | 6 – 11 months |  |
| 3 | 12 – 23 months |  |
| 4 | 24 – 35 months |  |
| 5 | 36 months or more |  |

**What benefits do you receive please tick relevant box below:**

|  |  |  |
| --- | --- | --- |
| **Codes** | | **(✓)** |
| 1 | Job Seekers Allowance - (JSA) |  |
| 2 | Employment Support Allowance - Work Related Activity Group (ESA) (WRAG) |  |
| 3 | Learner gets another state benefit other than JSA, Universal Credit or ESA – (WRAG) |  |
| 4 | Universal Credit |  |
| 5 | Other (please state)………………………………………………………. |  |
| 6 | No Benefits |  |

**Job History**

**Please provide details for all previous full/part time employment, voluntary work or work experience you have had.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date From:** | **Date To:** | **Employer/Company Name:** | **Job Title or Type of Work:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Data Protection Act:**

The information you provide on this application form will be stored electronically to assist us with record keeping and for statistical and research purposes. It may be passed to other relevant agencies.

**How We Use Your Personal Information**

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities. For surveys and research.

By post. By phone. By e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

**https://www.gov.uk/government/publications/esfa-privacy-notice**

**Unique Learner Number:**

If you have not already been issued with your unique learning number, you will be issued with one when you join our programme. Your Unique Learner Number is issued by the Learning Records Service and your data managed by them and is operated by the Skills Funding Agency (SFA) for all learners aged 14 and over.

You can access the Learning Record Service via their website to ensure the information they have about your previous qualifications and your current learning programme is correct. Your Tutor will explain how this works and the advantages to you as you complete this form.

**LRS Privacy Notice**

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notices>

**If you have been issued with a Unique Learner Number (ULN) when you were at school, FE college or with another training provider, please record in the space below:**

**ULN number** (if known) ……………………………………………………………………………..

**Participant Eligibility Declaration and Learning Agreement:**

* **I understand and agree to Global Makeup, Hair & Productions academy accessing the Learner**

**Record Service.**

* **I have received advice and guidance on the choice and suitability of this programme**
* **I have been told about programme timetable and duration and agree to attend punctually and regularly.**
* **I understand this programme is part funded by the Education and Skills Funding Agency (ESFA) and European Social Fund (ESF).**
* **I have been a legal resident in the UK for over three years and am able to take paid employment**

**in a European Member State.**

**Declaration by learner**

I confirm that all the information on this registration form is correct and declare that I have correctly identified my prior qualifications, eligibility for this programme and UK government funding, and validated my identity. 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 and I may be required to leave the programme.

**Name (print): …………………….**

**Signature:**

**Date:**

**Declaration by Global Makeup, Hair and Productions Academy**

I confirm on behalf of Global Makeup, Hair and Productions Academy that the information on this form is correct and that I have supported the learner in the completion of this document. To the best of my knowledge, the above-named Learner is eligible to enter the specified programme. I have seen evidence to support the residency criteria (where applicable).

**Signature:**

**Position**:

**Date:**

**For Office Use**

To be completed by Key worker/ Admin

**ELIGIBILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examples of sources of Evidence to demonstrate eligibility** | **Eligibility requirement** | | | |
| Document | Legal right to live in UK & work in an EU member state | Employment Status (unemployed, inactive) | Home address | **No of criteria covered** |
| Written confirmation of eligibility with referral from DWP/Jobcentre Plus / Careers Service / Local Authority. | 1 | 1 | 1 | **3** |
| DWP/Job Centre Plus benefits decision notification letter - new claims award / decision or change of circumstances decision letter (with NI Number) | 1 | 1 | 1 | **3** |
| EU Passport **Complete last 4 digits** | 1 |  |  | **1** |
| Non EU Passport with either: "Indefinite leave to remain" endorsement or work / residence permit or visa stamp | 1 |  |  | **1** |
| ID card issued by Home Office confirming right to stay, work or study in UK | 1 |  |  | **1** |
| EU Birth/Adoption certificate | 1 |  |  | **1** |
| Full Driving Licence |  |  | 1 | **1** |
| NI number on Gov't Letter | 1 |  | 1 | **2** |
| NI Card | 1 |  |  | **1** |
| Letter from UK Immigration granting indefinite leave to remain | 1 |  |  | **1** |
| Residency Permit | 1 |  |  | **1** |
| Marriage/civil partnership certificate (if partner has legal right to live in the UK and this can be evidenced) | 1 |  |  | **1** |
| Where an individual is NOT engaged with DWP: written Confirmation from a relevant third party that has been assisting the individual and so as an understanding of their current circumstances (for example, NGO, voluntary organisation charity, third sector / not for profit organisation, social services or other professional providing support and guidance etc.) but must be independent of ESF project management and delivery team. (16 to 18 year olds only). |  | 1 |  | **1** |
| Letter / confirmation from home owner (Parents/ carers/ landlord) |  |  | 1 | **1** |
| Recent Statement from bank / building society / credit union (dated within 3 months) |  |  | 1 | **1** |
| Evidence of registration on electoral roll |  |  | 1 | **1** |
| Recent utility bill or council tax demand / correspondence Tenancy agreement documents |  |  | 1 | **1** |
| Mortgage Statement / correspondence |  |  | 1 | **1** |
| HMRC correspondence |  |  | 1 | **1** |
| Rent Card / Statement |  |  | 1 | **1** |
| Solicitors correspondence |  |  | 1 | **1** |
| Any other credible letter sent to participant at home address |  |  | 1 | **1** |

**Eligibility evidence confirmed**

**Please tick relevant box and record evidence seen**

***ID evidence (eg DWP letter, Passport)- please note reference number, valid from and valid to where possible***

|  |  |  |
| --- | --- | --- |
| **Description** | **✓** | **Evidence** |
| Legally resident in UK and able to take paid employment in EU |  |  |
| Employment Status |  |  |
| Seen By: (print name) ………………………………………………………….…………… Position: ……………………………………………….  Signed: ………………………………………………………………………………………………… Date: ………………………………………………… | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Programme Hours:** | |  | | |
| **Aim Title** | **Aim Ref.** | | **Start Date** | **Planned End Date** | | **Hours**  **2019/20** | **Hours**  **2020/21**  **(if applicable)** |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  | **Total** | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of Activity:** | **Start Date:** | **Planned End Date:** | **Aim Ref:** | **Additional Work-Related Activities Hours:** |
| **Work Placement (if applicable)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total** |  |

|  |
| --- |
| **Placement/Work Experience Details (if applicable)** |
| Employer Name: Main Contact:  Employer Address: Contact Details: |

Confirm that a Placement Agreement/Health and Safety is in place Yes ❑ No ❑

|  |
| --- |
| **Additional Information:** |
| **Referral Name and Company/School also need Date:**  **Reason for referral:**  **Last School attended:**  **BKSB Results:**  **Literacy-**  **Numeracy-** |