

UK Provider
Ref No

1 0 0 0 1 4 7 6

Ref: QEL

Workforce Development Enrolment and Data Capture Form A 2018-19

Learner
Reference No.

ULN Number

Full Course
Name

Qualified Education - Provision for the Employed

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

Tick [✓] if you have been a student at this College in any previous year

☐

Learner's
Surname

Title

Gender
(M or F)

Learner's
Forename

Date of
Birth

Home
Address

Age on the 31st August 2018, if aged 16-18
Age on start of programme if 19 or over

NI Number

Country of Domicile

XF - England

Postcode

Email Address

Home
Telephone

Mobile Number

Section 2 – Safeguarding Mandatory Completion

Please [✓] tick applicable boxes

Criminal convictions:

Do you have a criminal record or any unspent criminal convictions?

☐

Yes

☐

No

Have you disclosed this to your course/interviewing tutor?

☐

Yes

☐

No

Section 3 – Emergency Contact Details

EMERGENCY CONTACT DETAILS must be completed by ALL students (if you are 14-18 must be your parent/guardian/carer)

Name

Email

Home
Telephone

Mobile
Number

Relationship (spouse, parent/guardian/carer, other relative, family friend, other, please specify)

Section 4 – Ethnic Origin

Please tick [✓] the appropriate box

White		Mixed / Multiple ethnic group		Asian /Asian British	
31	English / Welsh / Scottish/ Northern Irish / British	35	White and Black Caribbean	39	Indian
32	Irish	36	White and Black African	40	Pakistani
33	Gypsy or Irish Traveller	37	White and Asian	41	Bangladeshi
34	Any Other White background	38	Any Other Mixed / multiple ethnic background	42	Chinese
Black / African / Caribbean / Black British		Other ethnic group		43	Any other Asian background
44	African	47	Arab		
45	Caribbean	98	Any other ethnic group		
46	Any other Black / African / Caribbean background	99	Not known / not provided		

Section 5 – Learning Difficulties/Disabilities and/or Health Problems

Does the learner consider himself/herself to have a disability, learning difficulty and/or a health problem/ medical condition? (Enter '1' for Yes, '2' for No)

Does the learner have an Education, Health and Care Plan (19-24yrs) or a Section S139a Learning Difficulty Assessment? (Enter 'Y' for Yes, 'N' for No)

If the learner has identified a disability, learning difficulty and/or health problem/medical condition, please tick [✓] the appropriate box with the main difficulty, disability, health problem below:

4	Visual impairment	11	Severe learning difficulty	93	Other physical disability*
5	Hearing impairment	12	Dyslexia	94	Other specific learning difficulty*
6	Disability affecting mobility	13	Dyscalculia	95	Other medical condition*
7	Profound complex disabilities	14	Autism spectrum disorder	96	Other learning difficulty*
8	Social and emotional difficulties	15	Asperger's syndrome	97	Other disability*
9	Mental health difficulty	16	Temporary disability after illness or accident	98	Prefer not to say
10	Moderate learning difficulty	17	Speech, Language and Communication needs	99	Not provided

*If other, please specify

Please add further details if required:

Section 6 – Prior Attainment Level

Prior Qualifications

Please list **ALL** qualifications you have completed in the past and have evidence for. Please enter all grades and dates for GCSE's, AS Levels and A levels in the space provided below. Please add other subjects and other types of qualifications in the appropriate tables below. Where you have no previous qualifications please state '**None**'.

Subject	GCSE or 'O' Levels			AS Levels		A Levels	
	Exam Board	Grade	Month/Year	Grade	Month/Year	Grade	Month/Year

Entry Level e.g. Literacy, Numeracy, Functional Skills or ESOL

Awarding Body	Title of Qualifications	Level	Grade	Month/Year

Other Qualifications e.g. BTEC, CACHE, AVCE, National Diploma, ESOL including overseas qualifications

Awarding Body	Title of Qualifications	Level	Grade	Month/Year

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

Highest Qualification	
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Prior Attainment Level (see ***ILR form quick reference code tables***)

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Section 7 – Employment Status

Please tick [✓] and complete applicable boxes below

Employment Details	LEARNER please tick [✓]		PROVIDER (Office Use Only) State what evidence has been seen/reviewed
	Yes	No	
I confirm I am in paid employment			
Are you self-employed			
I am on a low wage and earn less than £15,736.50 annual gross salary			

Section continued on next page

State the number of hours employed per week

What date did employment start?

Employment Status 10

Learner has been employed for:

Up to 3 months 4 months to 6 months 7 months to 12 months More than 12 months

Section 8 – Wellbeing

Some students aged 16-19 may be eligible for an award from the 16-19 Bursary fund. Your answers to the following questions will help us decide if you are eligible. *Please tick [✓]*

Are you:

Under the care of Social services

☐

Yes

☐

No

Supported by the Leaving Care Team

☐

Yes

☐

No

In receipt of income Support or Employment Support Allowance ESA in your own name

☐

Yes

☐

No

Did you receive free school meals in your last school

☐

Yes

☐

No

Section 9 – Residency Criteria

A. Residency Details	LEARNER please tick [✓]		PROVIDER (Office Use Only) State what evidence has been seen/reviewed
	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 . <i>This does not include persons with indefinite leave to remain or refugee status. other exceptions see Adult education budget: Funding Rules, For the 2018 to 2019 funding year (1 August 2018 to 31 July 2019, pg. 7)</i>			Date of learner's last significant entry to the UK: D ___ /M ___ /Y _____
I have a valid UK or EU passport/ID Card, UK Birth Certificate or UK Driving Licence (UK born citizens only)			Nationality: Passport Number no: Expiry date:..... Country of Issue: UK Birth Certificate no: UK Driving Licence no (UK born citizens only): Expiry Date:.....
I do not have a UK or EU passport but have provided the required evidence to confirm my status. <i>Please complete Part B on the next page.</i>			Nationality:

B. Eligibility Evidence Details																			
Please give details of your circumstances below in order that your eligibility for participation in this programme can be confirmed:																			
LEARNER Details of residency status, type of visa/permit	PROVIDER Record of Evidence Seen & submitted (Proof of Residency – Home Office Papers, Immigration and Nationality Departmental Letter, Passport etc.)																		
Please tick [√] box below to confirm type of status: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;">Asylum Seeker</td><td style="width: 10%;"></td></tr> <tr><td style="text-align: center;">2</td><td>Refugee</td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Indefinite Leave or Exceptional Leave to Enter or Remain</td><td></td></tr> <tr><td style="text-align: center;">4</td><td>Humanitarian protection or Discretionary Leave to Enter or Remain</td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Work Permit</td><td></td></tr> <tr><td style="text-align: center;">6</td><td>*Other</td><td></td></tr> </table> <div style="border: 1px solid black; height: 40px; margin-top: 10px; padding: 5px;"> *Please state: </div>	1	Asylum Seeker		2	Refugee		3	Indefinite Leave or Exceptional Leave to Enter or Remain		4	Humanitarian protection or Discretionary Leave to Enter or Remain		5	Work Permit		6	*Other		Passport Number no: _____ Expiry date: _____ Country of Issue: _____ <div style="border: 1px solid black; height: 150px; margin-top: 10px; padding: 5px;"> Residency documents: _____ _____ Reference: _____ Expiry date: _____ </div>
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5	Work Permit																		
6	*Other																		

Section 10 – 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 right course 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		
4. An assessment of my current work skills and those I need to develop in my job		
5. A structured induction for my Training programme		
6. Development of an Individual Learning Plan		
7. A discussion on career options available		
8. I can confirm that my Training Provider has discussed my initial assessment results with me		
9. I understand this programme is funded by the Education and Skills Funding Agency (ESFA), and may be used as match funding and is therefore deemed part-funded by the European Social Fund (ESF)		

Section 11 – Household Situation

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

- ☐ No member of the household in which I live (including myself) is employed
- ☐ The household that I live in 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
- ☐ I confirm that I wish to withhold this information

Section 12 – Learning Agreement

You must read this carefully and sign and date below to show that you understand and agree with the following statements.

- a) I have received appropriate information, advice and guidance to assist me in selecting my chosen course(s).
- b) I undertake to observe City of Westminster College regulations as described in Our College Code and agree by it as such time as I am an enrolled student of the College.
- c) I will inform the College of any changes in my circumstances which may affect my entitlement to tuition fee remission.
- d) I understand my place on the course is only guaranteed subject to the payment of all fees where applicable.
- e) I agree to pay all outstanding fees by agreed instalment contract date if applicable.
- f) I accept that the College reserves the right to close a class and in such circumstances, fees paid will automatically be refunded.
- g) I understand if I have given false information the College may take action against me to reclaim any tuition fees support costs which may be due.
- h) I agree to information I have provided on this form being used by City of Westminster College, EFA/ESFA and its partners to monitor performance, improve quality and plan future provisions. I hereby give my express consent for the use and disclosure of my personal information as described in Section 19 (Data Protection Information below).
- i) I agree to the College processing my personal data for any purpose connected to my studies, health and safety or for any other legitimate reasons.
- j) I confirm that information I have provided is correct to the best of my knowledge.
- k) I agree to abide by College rules.

I am:

☐

aged 18 or younger

☐

aged 19 or over

Section 13 – Data Protection Information

Privacy Statement

PLEASE NOTE: City of Westminster College is registered under the Data Protection Act 1998.

Privacy Notice

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.

Please **tick** [✓] **one** of the following boxes if you wish to be contacted:

- I wish to be contacted in respect of surveys and research by: ☐ e-mail ☐ phone ☐ post
- I wish to be contacted about courses or learning opportunities by: ☐ e-mail ☐ phone ☐ post
- I do not wish to be contacted ☐

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>

Section 14 – Declaration

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 fulfil the residency regulations for the ESFA 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

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 ESFA Funded JCP Programme. I have seen evidence to support the residency criteria (where applicable)'.

Provider Name

Qualified Education Ltd

Date

Provider Signature