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| **SCG20: Participant Enrolment Form**For participants and project staff to complete.The Education & Skills Funding Agency (ESFA), the European Social Fund (ESF) and SEMLEP provides funding through this programme to help participants who are not in education, employment or training and at risk of long-term disengagement, to move into education, training or employment and to sustain this outcome. In order to qualify for support, this form must be completed before any activities are undertaken as part of the project. |
| **This is to be completed by project staff once the participant’s eligibility has been confirmed.** |
| **Organisation Name** | **Impactful Governance – Community Interest company** |
| **Project Name** | **Social Prescribing** |
| **Project Reference** | **6592** | **Learner Reference No:** |  |
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| **Learner Information - Please complete in BLOCK CAPITALS** |
| Title (Mr, Mrs, Miss, Ms) | Male [ ]  | Female [ ]  | NI Number: |  |
| Forename(s): |  | Date of Birth (DD/MM/YYYY) |  |
| Surname: |  | Previous Surname: |  |
| Address: Postcode: |
| Previous Addresses (including postcodes) | 1. | 2. |
| Telephone Number: |  | Unique Learning No: |  |
| Email: |
| Emergency contact name and telephone number: |
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| **Eligibility Document:** |
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| **Eligibility Declaration (to be completed by the Participant)**  | **Tick** |
| I am aged 16 - 18 years, still at school and disengaged from regular timetabled learning and at risk of leaving education | [ ]  |
| I am aged 16 - 18 years old and not in Education, Employment or Training | [ ]  |
| I am aged 19 – 24 years old and not in Education, Employment or Training  | [ ]  |
| I live in the South East Midlands and I am a legal resident of the UK. | [x]  |
| I will be actively seeking Re-Education, Education, Employment, Training during and on completion of this programme | [x]  |
| I agree to complete all necessary paperwork to evidence that I have moved into Re-Education, Education, Employment or Training during or on completion of this programme. This includes consent for SEMLEP to contact my employer, education institution, training provider to verify my progression. | [x]  |
| I understand that my personal details, and a copy of my CV, will be passed to SEMLEP and possibly their partners, for them to support me in finding suitable employment | [x]  |
| I confirm that I am aware that the European Social Fund, the Education & Skills Funding Agency and SEMLEP have funded this project.  | [x]  |

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|  **Evidence of eligibility to live and work in the UK** |
| [ ]  **Passport** | **Issue Country & Number:** |  | **Valid to date** |  |
| [ ]  **Passport or national identity card (of a European Economic Area Country or Switzerland)** |
| **Issue Country** |  | **Valid to date** |  |
| [ ]  **Visa / Restriction (if applicable) – Please include details** |
| [ ]  **Birth Certificate or adoption certificate** | **Issue Country** |  |

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| **Learner’s Ethnicity – please tick**  |
| 31 - English/Welsh/Scottish/Northern Irish | [ ]  | 41 - Bangladeshi | [ ]  |
| 32 - Irish | [ ]  | 42 - Chinese | [ ]  |
| 33 - Gypsy or Irish Traveller | [ ]  | 43 - Any other Asian background | [ ]  |
| 34 - Any other White background | [ ]  | 44 - African | [ ]  |
| 35 - White and Black Caribbean | [ ]  | 45 - Caribbean | [ ]  |
| 36 - White and Black African | [ ]  | 46 - Any other Black/African/Caribbean | [ ]  |
| 37 - White and Asian | [ ]  | 47 - Arab | [ ]  |
| 38 - Any other mixed/multiple ethnic background | [ ]  | 98 - Any other ethnic group | [ ]  |
| 39 - Indian | [ ]  | 99 - Not Provided | [ ]  |
| 40 - Pakistani | [ ]  |

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| **Learning difficulties and disabilities**  |
| Do you consider yourself to have any of the following? | [ ]  Yes [ ]  No |
| If **Yes,** please tick one or more of the following boxes: |
| **Disability - DS** | **Learning Difficulty - LD** |
|  4 - Visual Impairment | [ ]  | 15 - Asperger’s Syndrome | [ ]  |
|  5 - Hearing Impairment | [ ]  | 16 - Temporary disability after illness or accident | [ ]  |
|  6 - Disability affecting Mobility | [ ]  | 17 - Speech, Language and Communication Needs | [ ]  |
|  7 - Profound Complex Disabilities | [ ]  | 93 - Other Physical disability | [ ]  |
|  8 - Social and Emotional Difficulties | [ ]  | 94 - Other specific learning difficulty (e.g. Dyspraxia) | [ ]  |
|  9 - Mental Health Difficulty | [ ]  | 95 - Other medical condition (e.g. epilepsy, asthma, diabetes | [ ]  |
| 10 - Moderate Learning Difficulty | [ ]  | 96 - Other Learning Difficulty | [ ]  |
| 11 - Severe Learning Difficulty | [ ]  | 97 - Other Disability | [ ]  |
| 12 - Dyslexia | [ ]  | 98 - Prefer not to say | [ ]  |
| 13 - Dyscalculia | [ ]  | 99 - Not provided | [ ]  |
| 14 - Autism Spectrum Disorder | [ ]  |
| Which of the **ABOVE** learning disability, learning difficulty or health problem do you consider to be your main disability, learning difficulty or health problem:………………………………………………………………………………………. |
| Do you have a Health and Care Plan? | [ ]  Yes [ ]  No |
| Do you have a Learning Disability/Difficult Assessment? LLDD | [ ]  Yes [ ]  No |
| Do you consider yourself to require any support? | [ ]  Yes [ ]  No |
| If **Yes,** what support do you require? |
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| **Your Education** - **Prior Attainment**Tick **one** option below for the highest level of education or qualification you currently hold: |
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| 9 - Entry Level | [ ]  | 11 - Level 5 | [ ]  |
| 7 - Other qualifications below Level 1 (GCSE D-G) | [ ]  | 12 - Level 6 | [ ]  |
| 1 - Level 1 (GCSE D-G) | [ ]  | 13 - Level 7 and above | [ ]  |
| 2 - Full Level 2 (5 or more GCSEs A-C) | [ ]  | 97 - Other qualification, level not known | [ ]  |
| 3 - Full Level 3 (2 or more A levels) | [ ]  | 98 - Not known | [ ]  |
| 10 - Level 4 | [ ]  | 99 - No qualifications | [ ]  |

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| **Learner Contact Preference Type** The type of restriction and preferred method of contact of the learner record. It is required to consider learners' wishes about the use of their data. The data held in this field is used by the Further Education Choices. Restricted use indicator (RUI) / Preferred method of contact (PMC)This information 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.  |
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| **RUI Or PMC** | **ESF Code** | **Definition**  | **Tick to indicate your preference**  |
| RUI | 4 | Learner is not to be contacted, for example where a learner has suffered severe illness during the programme or other circumstance. | [ ]  |
| RUI | 6 | Learner agrees to be contacted about courses or learning opportunities | [x]  |
| RUI | 7 | Learner agrees to be contacted for survey and research | [ ]  |
| PMC | 4 | Learner agrees to be contacted by post | [x]  |
| PMC | 5 | Learner agrees to be contacted by telephone | [x]  |
| PMC | 6 | Learner agrees to be contacted by e-mail | [x]  |

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| **Employment Status*** 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
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| **Please tick one category**[ ]  Unemployed[ ]  Economically Inactive | **Please tick how long you have been out of work**[ ]  Less than 6 months [ ]  Between 6 – 11 months[ ]  12-23 months [ ]  Between 24 – 35 months[ ]  Over 36 months |
| Please provide **one** item of evidence from the list below. You must show an original copyTick **one** box below to confirm the item of evidence provided:Unemployed evidence:[ ]  If the participant is registered unemployed, a letter or document from the Department for Work and Pensions or Jobcentre Plus confirming this, e.g. JSA or new style JSA claims award[ ]  If the participant is unemployed but not registered unemployed, a letter or document from a third party that has been assisting the individual and so has an understanding of their current circumstances confirming this.Economically inactive evidence:[ ]  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 economically inactive, evidence of being in receipt of new style ESA (such as correspondence from DWP)[ ]  Referral evidence from a 3rd party [ ]  If no evidence complete Participant Self Declaration SCG21 **Every effort should be made to collect evidence that the participant is economically inactive.** If you are unable to provide evidence that you are economically inactive, the project officer will need to obtain and verify a referral from a credible partner. If this is not possible, the project officer may consider credible alternative documents (expired, incomplete, combination of documents not listed as preferred evidence). Form SCG21 should be completed by the participant and the project officer to document why the evidence is not available and that the alternative documents are credible.**Were you in education or training prior to enrolment?** [ ]  Yes [x]  NoIf yes, please include details of the course, educational institution or provider:

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**Are you currently claiming any benefits?** [ ]  Yes [ ]  No If **yes,** which ones?[ ]  1 - Learner is in receipt of Job Seekers Allowance (JSA)[ ]  2 - Learner is in receipt of Employment and Support Allowance (all categories)[ ]  3 - Learner is in receipt of other state benefits[ ]  4 - Learner is in receipt of Universal Credit |

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| Household Status (this information is required by the ESFA)**Please tick any of the following statements that describe your household status**  |
| No household member is in employment and the household includes one or more dependent children | [ ]  |
| No household member is in employment and the household does not include any dependent children | [ ]  |
| Learner lives in a single adult household with dependent children | [ ]  |
| Learner has withheld this information | [ ]  |
| None of these statements apply | [ ]  |
| **Data Disclosure** |
| Under the General Data Protection Regulation 2018, the following information relating to you will be used:Personal details (name, age, address, contact details); academic, work and training information; your details as stated above, including your date of birth, unique learner number (ULN); family details where necessary (including emergency contact details), ethnic origin, gender, disability, care and youth offender status.Your information will be recorded on databases which will allow us to follow your progression and ensure you get the most out of the programme. Any of the above organisations or agencies may use your information for that purpose. Data may be held in both paper form and on computer to assist us during and after your involvement in the Programme in accordance with the General Data Protection Regulation 2018. You may access data held by us about you by giving notice at any time during your involvement with the programme. For 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: <http://www.semlep.com/modules/downloads/download.php?file_name=1394> As per ESFA requirement, Grant recipient should ensure that all learners have seen the ILR privacy notice below as part of their enrolment processes. **ILR Specification 2018 to 2019 - Privacy Notice 2018 to 2019**Version 1 - February 2018**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 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:[ ]  Learner is not to be contacted, for example where a learner has suffered severe illness during the programme or other circumstance.[ ]  About courses or learning opportunities.[ ]  For surveys and research.[x]  By post.[x]  By phone.[x]  By e-mail.For 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 |
| **Participant’s Declaration** |
| **By signing below, I confirm the following:** [x]  I confirm the information on this form is correct and I am aware that this project has been part financed by European Social Fund.[x]  I confirm I have provided all the evidence to prove my eligibility.[x]  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.[x]  I want to take part in the ESF programme and agree to working on the above personal targets. [x]  I givepermission for my personal details to be shared and stored in a secure manner with the Education & Skills Funding Agency and other authorised bodies.[x]  I understand that this information will be stored securely and retained until at least 31 December 2030 for evaluation 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.[x]  I may be contacted to discuss my involvement in the project.[x]  I give permission for my details to be shared with other organisations involved in the delivery of this project.

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| **Name** |  | **Signature:** |
| **Date** |  |

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| **Project officer declaration:** |
| Tick **each** box to confirm:[x]  I confirm the information on this form is correct and I declare that I have supported the Participant in its completion. To the best of my knowledge, the above-named Participant is eligible for ESF-funded support.[x]  The participant has been told that the support they’ll be offered is funded by the ESF.[x]  The information provided in the form is, to the best of my knowledge, accurate.[x]  I have confirmed that the participant has the right to work in the UK by sight of an original document referred under the section “Eligibility to live and work in the UK” on this form. [x]  I have checked the evidence to confirm that the participant is unemployed or economically inactive[x]  I have justified why the participant is eligible using the 4 step method if they have completed form SCG21 [x]  I understand that this form and the items of evidence provided must be retained until at least 31 December 2030.[x]  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.[x]  I understand that SEMLEP, ESFA and the ESF reserve the right to audit the documentation held and to withhold or claw back payment where correct evidence is not in place.

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| **Name** |  | **Signature:** |
| **Job title** | **Administrator** |
| **Date** |  |

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