

SECTION 4: Support for Your Learning

We welcome all learners and embrace the diversity this brings, in terms of age, gender, disability, ethnicity etc. We aim to create an inclusive and supportive environment, where you can feel safe and confident. Please help us to understand your needs by completing the sections below. This information is confidential and will help us to support your identified needs.

Q1) Safeguarding - please tick all that apply (you can tick more than one box)

Are you 16-18 and currently:

- Living with parent, guardian or family member
- Not living with a parent; guardian or family member
- In care
- Just left care
- In receipt of Income Support
- Living in a hostel or homeless
- Alone in this country
- None of the above

Are you 19+ and currently:

- Have a support worker
- Have a social worker
- Have a psychiatric social worker
- Have mental health support
- None of the above

SECTION 5: Disability, Learning Difficulty or Health Problems

Q1) Do you consider yourself to have a Disability or Learning Difficulty or Health Problem? Yes No

Q2) Disability or Health Problem - please tick all that apply (you can tick more than one box)

- | | |
|--|---|
| <input type="checkbox"/> No disability | <input type="checkbox"/> Emotional/behavioural difficulties |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Serious visual impairment | <input type="checkbox"/> Temporary disability after an illness or accident
Please describe _____ |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Profound/complex difficulties |
| <input type="checkbox"/> Hearing aid user | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Multiple difficulties |
| <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Other physical disability | |
| <input type="checkbox"/> Other medical condition: | |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sickle Cell | |

Q3) Learning Difficulty - please tick all that apply (you can tick more than one box)

- | | |
|--|---|
| <input type="checkbox"/> No learning difficulties | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Moderate learning difficulty (e.g. statement from school) | <input type="checkbox"/> Autism spectrum disorder |
| <input type="checkbox"/> Severe learning difficulty (e.g. statement from school) | <input type="checkbox"/> Multiple learning difficulties (more than one) |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Dyscalculia | |

SECTION 6: Ethnicity

Q1) What is your ethnic group? Please tick the box that best describes your ethnic group

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other white background

Mixed / Multiple Ethnic Group

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multi ethnic background

Asian / Asian British

- Indian
- Pakistani

- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- Caribbean
- African
- Any other Black/African/ Caribbean background

Other Ethnic Group

- Arab
- Turkish
- Kurdish
- Any other ethnic group _____

SECTION 7: Nationality

All learners must answer all 4 questions

Q1) What is your first language? _____

Q2) What is your nationality? _____

Q3) Where were you born? _____

Q4) Have you lived in the UK/EEA for the last 3 years prior to the start of the course? Yes No

If you have not lived in the UK for 3 years before the start of your course which country did you live in?

When did you arrive in the UK? / / (DD/MM/YY)

SECTION 8: Employment Details

Q1) Employment status

Are you?

- In paid employment Yes No
- In paid employment and self-employed Yes No
- Not in paid employment and looking for work and available to start work Yes No
- Not in paid employment and not looking for work and/or not available to start work Yes No

Q2) If you are in paid employment or self-employed, how many hours do you work per week?

- Less than 16 hours per week 16 – 19 hours per week 20 hours or more per week

Q3) If you are employed, how long have you been employed for?

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

Q4) If you are unemployed, how long have you been unemployed?

- Less than 6 months 12 – 23 months 36 months or over
- 6 – 11 months 24 – 35 months

Q5) Reason for unemployment?

- Unemployed due to redundancy Unemployed for reasons other than redundancy

Q6) Are you currently in receipt of a state benefit?

- Yes No

If yes, please state which one. _____

SECTION 9: Funding Declaration Form

19+ learners should complete the relevant declaration to claim relevant government funding for their course.

Declaration 1 - For learners starting an Entry or Level 1 aim (excluding Basic Skills) - who need a step up from basic skills in order to progress to a Level 2 qualification and claiming a concession OR learners aged 19 - 23 starting a first full Level 2, first full Level 3 or first full Level 4 qualification and claiming a concession:

I declare that I do not already have a full Level 2 qualification or higher. I understand that if I have declared false information, the Academy may take action against me to reclaim the tuition fees and any support costs provided.

Signature of Learner: _____ Date: _____

SECTION 10: Privacy Statement 2015-16

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). 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:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Contact Preference - Please tick any of the following boxes, if you do not want to be contacted

- I do not wish to be contacted I do not wish to be contacted for survey and research
- I do not wish to be contacted about courses or learning opportunities I do not wish to be contacted by post
- I do not wish to be contacted by telephone

I do not wish to be contacted by e-mail

SECTION 11: Disclosure of Criminal Record

Q1) Do you have any criminal convictions, cautions or bind-overs? Yes No

SECTION 12: Qualifications on Entry - to be completed by all learners

Please enter details of any qualifications you have taken. (Please include key skills and qualifications that have not been achieved):

Date taken	Type of Qualification	Level	Subject	Exam boards	Grade	Qualification checked? Tutor to tick relevant box
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

For Office Use only UCI No.

I have indicated above which of the above results I have seen.

Signature of Tutor: _____ Date: _____

SECTION 13: Prior Attainment

For Office use only – Staff to complete for all learners

I confirm that I have checked the learner's qualifications on entry, and their **highest** qualification level is:

Level	Academic and Vocational Qualification Equivalent
09 <input type="checkbox"/> Entry	Word Power/Number Power, Certificate in Adult Literacy, Numeracy, ESOL Skills for Life
01 <input type="checkbox"/> Level	GCSE/O level grades (5 or more at grades D-G or fewer than 5 at grades A-C), CSE below grade 1, 1 AS level, Certificate in Adult Literacy, Numeracy, ESOL Skills for Life, BEC General Certificate, BEC Diploma, BTEC First Certificate, City & Guilds Operative Awards, CPVE Year 1 (Technician), GNVQ Foundation, LCCI Elementary/First Level, NVQ Level 1, PEI Elementary/First Level RSA Elementary/First Level, RSA Vocational Certificate
02 <input type="checkbox"/> Full Level 2	GCSE/O level (5 or more at grades A-C), CSE Grade 1 (5 or more), 1 Advanced level, 2/3 AS levels, GNVQs Intermediate, NVQ Level 2
03 <input type="checkbox"/> Full Level 3	A levels 2 or more Advanced level passes, 4 or more AS levels, AVCE double award, GNVQ Advanced, NVQ Level 3, QAA Recognised Access to Higher Education
04 <input type="checkbox"/> Level 4	First degree, Teaching qualifications (inc. PGCE), BEC National HNC/HND, BTEC National HNC/HND, Higher Education Certificate, Higher Education Diploma, LCCI Advanced Level NVQ Level 4 Nursing (SRN), RSA Advanced Certificate, RSA Higher Diploma
05 <input type="checkbox"/> Level 5 and above	Higher degree, Continuing Education Diploma, NVQ Level 5, Masters Degrees or Post-graduate Certificates and Diplomas, Doctorates or Specialist Awards
07 <input type="checkbox"/> Other, below Level 1	
97 <input type="checkbox"/> Other qualification, level not known	
99 <input type="checkbox"/> No qualifications	

Signature of Tutor: _____ Date: _____

