

AEB Submission Checklist

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| --- | --- | --- | --- |
| **Partnership:** | p240 | | |
| **Learner name:** | 41 | | |
| **Qualification :** | p242 | | |
| **Aim Start date:** | p243 | **Expected aim end date:** | p244 |

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| **Start Paperwork - S2 Participant Assessment, Planning and Support and Qualification Start** | | |
| **Document Name** | **Enclosed & Complete (****)** | **Checked as correct by Prevista (****)** |
| Original ILR/ILP | p245 | p246 |
| Original Eligibility Form | p247 | p248 |
| Initial Assessment Outcomes Form (With Literacy & Numeracy scores) | p249 | p250 |
| Contact Log for Start of Learning | p251 | p252 |
| Copy of PLR | p253 | p254 |
| Contact Log for Start of Learning (Timesheet) | p255 | p256 |

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| --- | --- | --- |
| Provider Signature |  | 2024-07-19 |
| Prevista Signature |  |  |



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| **Individual Learner/Participant Record and Plan - *please complete in BLOCK CAPITALS*** | | | | | | | | | | | | | | | | | | | |
| ULN *(for office use)* | | | |  |  |  |  |  | |  |  |  |  |  | **Subcontractor name or N/A if internal** | |  | | |
| National Insurance Number | | | |  | | | | | | |  |  |  |  | | | | | |
| Mr | X | Mrs |  | Miss |  | Ms |  | First Name | | | |  | | | | | | | |
| Middle Name | | | |  | | | | | Family Name | | |  | | | | | | | |
| Date of Birth (DD/MM/YYYY) | | | | P4 | | | | | | | |  |  | Current Age at Start of programme | | | |  | |
| House No./Name & Street | | | |  | | | | | | | | | | | | | | | |
| Suburb / Village | | | |  | | | | | | | | | | | | | | | |
| Town / City | | | |  | | | | | | | | | | | | | | | |
| County | | | |  | | | | | | | | | | | | | | | |
| Country of Domicile | | | |  | | | | | | | | | | | | | | | |
| Current Postcode | | | |  |  |  |  |  | |  |  |  |  | | |  | | | |
| Email Address | | | |  | | | | | | | | | | | | | | | |
| Primary Telephone  Number | | | |  | | | | | | | | | | | | | | | |
| Secondary Telephone  Number | | | |  | | | | | | | | | | | | | | | |
| Sex (select) | | | | X |  |  | | If Other, please state | | | |  | | | | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | | | | | |
| White | | | | | | | | | | | Mixed/ Multiple ethnic group | | | | | | | | |
| 31 | English/ Welsh/ Scottish/ N Irish/ British | | | | | | | |  | | 35 | White and Black Caribbean | | | | | | |  |
| 32 | Irish | | | | | | | |  | | 36 | White and Black African | | | | | | |  |
| 33 | Roma, Gypsy or Irish Traveller | | | | | | | |  | | 37 | White and Asian | | | | | | |  |
| 34 | Any other white background | | | | | | | |  | | 38 | Any other mixed/ multiple ethnic background | | | | | | |  |
| Asian/ Asian British | | | | | | | | | | | Black/ African/ Caribbean/ Black British | | | | | | | | |
| 39 | Indian | | | | | | | |  | | 44 | African | | | | | | |  |
| 40 | Pakistani | | | | | | | |  | | 45 | Caribbean | | | | | | |  |
| 41 | Bangladeshi | | | | | | | |  | | 46 | Any Other Black/ African/ Caribbean background | | | | | | |  |
| 42 | Chinese | | | | | | | |  | | Other Ethnic Group | | | | | | | | |
| 43 | Any other Asian background | | | | | | | |  | | 47 | Arab | | | | | | |  |
| 98 | Any other ethnic group | | | | | | | | | | | | | | | | | | X |

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| **Prior Attainment** | | | | | | | | | | |
| 1 | Entry Level | | | X | | 6 | Full Level 3 | | - | |
| 2 | Level 1 | | | - | | 7 | Level 4 | | - | |
| 3 | Level 2 | | | - | | 8 | Level 5 | | - | |
| 4 | Full Level 2 | | | - | | 9 | Level 6 | | - | |
| 5 | Level 3 | | | - | | 10 | Level 7 and above | | - | |
| 99 | No Qualifications | | | | | | | | - | |
| Next of kin/ Emergency contact | |  | | | | | | |  | |
| Emergency Contact Phone Number | |  | | | | | | | A | |
| **Household Situation *– please select the most relevant option* (place an 'x' in ALL relevant boxes)** | | | | | | | | | | |
| **1** - No household member in employment with one or more dependent children | | | JH, JH+DC | |  | **2** - No household member in employment with no dependent children | | JH | |  |
| **3** - Participant lives in a single adult household with dependent children | | | SAH+DC | |  | **4** - Learner lives in single unemployed adult household with dependent children | | JH, SAH+DC | |  |
| **99** - None of the above apply | | | N/A | |  |  | | | | |

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| **LLDD, Health Problems, Other Disadvantaged** | | | | | | | | | | | | |
| Do you consider yourself to have a long term disability, health problem or any learning difficulties? Choose the correct option. If Yes enter code in Primary LLDD or HP; you can add multiple LLDD or HP but primary must be recorded if Yes selected. | | | | | | | | | | Y | N | |
|  | | |
| **LLDD or Health Problem Type** | | | | | | | | **Primary** | | **Secondary** | **Tertiary** | |
| 4 | Vision 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 Needs | | | | | | | - | | - | - | |
| 93 | Other physical disability | | | | | | | - | | - | - | |
| 94 | Other specific learning difficulty (e.g. Dyspraxia) | | | | | | | - | | - | - | |
| 95 | Other medical condition (for example epilepsy, asthma, diabetes) | | | | | | | - | | - | - | |
| 97 | Other learning difficulty | | | | | | | - | | - | - | |
| 98 | Other disability | | | | | | | - | | - | - | |
| 99 | Prefer not to say | | | | | | | - | | | | |
| Is there any other additional information that may impact on your ability to learn? | |  | | | | | | | | | | |
| Other disadvantaged - Ex Offender? | | Y | |  |  | | Other disadvantaged - Homeless ? | Y | |  |  | |
| **Referral Source** | | | | | | | | | | | | |
| Internally sourced | |  | Self Referral | | |  | Website |  | Promotional material | | |  |
| Recommendation | |  | Family/ Friends | | |  | Internally sourced |  | Website | | |  |
| Event  (please specify) | |  | | | | | Other  (please specify) |  | | | | |

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| **Employment and Monitoring Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Participant Employment Status (place an X in the applicable box)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Unemployed  (looking for work and available to start work)  -> go to section A | | | | X | | Economically Inactive (not looking for work and not  available to start work)  -> Go to section B | | | | | | | | |  | | Employed (incuding self- employed)  -> go to section C | | | |  | | |  |
| **Section A - Unemployment details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Where a participant’s employment status is long-term unemployed proof of both unemployment and the length of  unemployment must be obtained. | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you are not working how long have you been without work?** | | | | | | | | | | | | | | | | | | | | | | | | |
| Up to 12 months | | | | | | | X | 12 months or longer | | | | | | | | | | | - |  | | | | |
| **Evidence of unemployment status (for more information look Start-Eligibility Evidence list tab)** | | | | | | | | | | | | | | | | | | | | | | | | |
| A Letter or Document from JCP or DWP | | | | | X | | A written referal from a careers service | | | | | | | | | - | Third Party Verification or Referral form | | | | | | - | |
| Other (please specify) | | | - | | | | | | | | | | | | | | | | | | | | | |
| **Section B - Economically Inactive details** | | | | | | | | | | | | | | | | | | | | | | | | |
| The Participant is not employed and does not claim benefits at the time of the enrolment. | | | | | | | | | | | | | | | | | | | | | | - | |  |
| Type of evidence for Economically Inactive Status including self-  declaration statement. | | | | | | | | | | - | | | | | | | | | | | | | | |
| Date of issue of evidence | | | - | | | | | | | | | | |  | |  |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section C - Employment details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer Address 1 | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer Address 2 | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer Address 3 | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer Postcode | | |  | | | | |  | |  | |  | |  | |  | | | | | | | | |
| Main Employer Contact Name | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Position | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Email Address | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact Telephone Number | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer EDRS number | | |  | | | | | | | | | | | | | | Do you earn more than the National Living Wage  of £20,319.00 pa (£10.42ph for 37.5 hrs pw). | | | | | |  | |
| Employment Hours (place an X in the applicable box) | | | | |  | | 0-15 hrs per week | | | |  | | 16+ hrs per week | | | |  | | | | | | | |
| Are you claiming any benefits? If so please describe below what they are. | | | | | | | | | | | | | |  | | Are you the sole claimant of the benefit? | | | | |  | |  | |
| Universal Credit (UC) |  | Job Seekers Allowance (JSA) | |  | Employment and Support Allowance (ESA) | | | | |  | | Incapacity Benefit (or any other sickness related benefit) | | | | | |  | Personal Independence Payment (PIP) | | | |  | |
| Other - please state | | |  | | | | | | | | | | | | | | | | | | | | | |
| From what date has the above claim been in effect? | | |  | | | | | |  | | | | | | | | | | | | | | | |

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| **Detailed Learning Plan** | | | | | | | | | | | | | | | | | | | | | | |
| Qualification Reference | | |  |  |  | |  |  |  | |  |  | Region of Work | | | |  | | | | | |
| Qualification/ Course/ Unit Title/ Non-Regulated activity | | |  | | | | | | | | | | | | | | | | | | | |
| Awarding Body | | |  | | | | | | | | | | | | | | | GLH | | |  | |
| What is the benefit to you in completing this learning aim?  *Please be specific* | | |  | | | | | | | | | | | | | | | | | | | |
| Planned Start Date |  | | | | | Planned End Date | | | |  | | | | | Note: Actual End Date to be recorded on 'Outcome and Progression' form at the end of the programme | | | | | | | |
| Delivery Postcode | | |  |  |  | |  |  |  | |  |  | Date of first review | | | | | | |  | |  |
| **Progression -** *Indicate below the progression planned for this participant when they have completed all training* | | | | | | | | | | | | | | | | | | | | | | |
| Progression within Work | |  | Progression into Further Education or Training | | | | |  | Progression to Apprenticeship | | | | |  | | Progression in to employment | |  |  | | | |
| Please detail your progression aim | | |  | | | | | | | | | | | | | | | | | | | |
| **Social Outcomes** - How do you rate yourself now out of 5 for the below. 5= Great 1= Poor | | | | | | | | | | | | | | | | | | | | | | |
| Health and well being | | | | | | | | | 1 | | 2 | 3 | 4 | | 5 | |  | | | | | |
| Social integration | | | | | | | | | 1 | | 2 | 3 | 4 | | 5 | |
| Learner self-efficacy | | | | | | | | | 1 | | 2 | 3 | 4 | | 5 | |
| Participation in volunteering | | | | | | | | | 1 | | 2 | 3 | 4 | | 5 | |

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| **Privacy and Data Protection Information** | | | | | | | | |
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| **Add Y or N for any of the following boxes if you AGREE to be contacted; tick how you wish to be contacted** | | | | | | | | |
| About courses/ learning opportunities (fill in all boxes with either Y or N) | For surveys & research | Y | Phone | X | Email | X | Post | X |

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| **Declarations** | | | | | | | | | | | | | |
| We hereby confirm that we have read, understood and agree with the contents of this document, and understand that the programme is funded by the Mayor of London. | | | | | | | | | | | | | |
| **Participant Declaration:**  I certify that I have provided all of the necessary information to confirm my eligibility for the Provision.  I also consent for the named Training Provider to collect further evidence, from a 3rd party Training Provider, to support a progression claim on my behalf (where applicable). | | | | | | | | | | | | | |
| Participant Signature |  | | | | | | Date | | | | 2024-07-19 | | |
| I can confirm that the signature has been entered myself via the following method (please select 1 option): | |  | Wet signature of original document |  | | Inserting image of my signature (email mandate needed) | |  | | Signature software such as Docusign/Adobe  Sign | |  | Email declaration/man date – this must be attached |
| **Training Provider Declaration:**  I certify that I have seen and verified the supporting evidence as indicated above, to confirm the Participant eligibility for ESF funding and this specific project. | | | | | | | | | | | | | |
| Name |  | | | | Position | | |  |  | | |  | |
| Signature |  | | | |  | |  | Date | | |  |  | |
| I can confirm that the signature has been entered myself via the following method (please select 1 option): | |  | Wet signature of original document |  |  | Inserting image of my signature (email mandate needed) | |  | | Signature software such as Docusign/Adobe  Sign | |  | Email declaration/man date – this must be attached |



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| **Learner/Participant Eligibility & Assessment - *please complete in BLOCK CAPITALS*** | | | | | | | | | | | | | | | | | | | |
| ULN *(for office*  *use)* | |  | |  | |  |  |  |  | |  |  |  |  | **Subcontractor**  **name or N/A if internal** | | |  | |
| First Name | | | |  | | | | | | | | Middle Name | | | |  | | | |
| Family Name | | | |  | | | | | | | | | | | | | | | |
| Date of Birth | | | | 2000-01-01 | | | | | |  |  | | | | | | | | |
| **Eligibility Check** | | | | | | | | | | | | | | | | | | | |
| Evidence **CANNOT** be accepted that has been entered at a later date than Actual End Date of the start aim.  Evidence must be present for ALL 4 (EO1,2,3,4) of the below eligibility checks. Original documentation must have been witnessed by the Provider and preferably copies made as evidence in case of future audits.  **For list of ALL acceptable supporting documents check 'Start-Eligibility Evidence list'** | | | | | | | | | | | | | | | | | | | |
| **UK, EEA Nationals and Non-EEA Nationals**  *EEA Countries (as of 27/01/2021) Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Iceland, Liechtenstein, Norway.*  *Switzerland is not an EU or EEA member but is part of the single market. This means Swiss nationals have the same rights to live and work in the UK as other EEA nationals.*  *“Irish citizens in the UK hold a unique status under each country’s national law. You do not need permission to enter or remain in the UK, including a visa, any form of residence permit or employment permit”. Quote taken from below link:*  *https://*[*www.gov.uk/government/publications/common-travel-area-guidance/common-travel-area-guidance*](http://www.gov.uk/government/publications/common-travel-area-guidance/common-travel-area-guidance)  *Non-EEA nationals who hold leave to enter or leave to remain with a permission to work (including status under the EUSS where they are an eligible family member of an EEA national) are also eligible for ESF support whilst in the UK.* | | | | | | | | | | | | | | | | | | | |
| **E01**: Right to Live and Work in the UK | | | | | | | | | | | | | | | | | | | |
| **UK and Irish National and European Economic Area (EEA) National?** | | | | | | | | | | | | | | | | | | | |
| Nationality | | |  | | | | | | | | | | | | | | | | |
| Full UK Passport | | | X | | Full EU Member Passport  (must be in date - usually 10 years) | | | | | |  |  | | | |  | National Identity Card (EU) | |  |
| In order to be eligible for ESF funding, EEA Nationals must meet one of the following conditions | | | | | | | | | | | | | | | | | | | |
| a. | Hold settled status granted under the EU Settlement Scheme (EUSS) | | | | | | | | | | | | | | | | | | - |
| b. | Hold pre-settled status granted under the European Union Settlement Scheme (EUSS) | | | | | | | | | | | | | | | | | | - |
| c. | Hold leave to remain with permission to work granted under the new Points Based Immigration System. | | | | | | | | | | | | | | | | | | - |





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| **Not UK, Irish or EEA National** | | | | | | | | | | | | | | | | | |
| Nationality | | - | | | | | | | | | | | | | | | |
| Passport from non-EU member state (must be in date) **AND** any of the below a, b, or c | | | | | | | | | | | | | | | | | - |
| a. | Letter from the UK Immigration and Nationality Directorate granting indefinite leave to remain (settled status) | | | | | | | | | | | | | | | | - |
| b. | Passport either endorsed 'indefinite leave to remain' – (settled status) or includes work or residency permits or visa stamps  (unexpired) and all related conditions met; add details below | | | | | | | | | | | | | | | | - |
| c. | Some non-EEA nationals have an Identity Card (Biometric Permit) issued by the Home Office in place of a visa, confirming the  participant’s right to stay, work or study in the UK – these cards are acceptable | | | | | | | | | | | | | | | | - |
| Country of issue | | - | | | | | | | | | | | | | | | |
| ID Document  Reference Number | | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Issue | | - |  |  |  |  |  | Y | Y | Y | Y |  | | | | | |
| Date of Expiry | | - |  |  |  |  |  | Y | Y | Y | Y |  | | | | | |
| Use this space for additional notes where relevant (type of Visa, restrictions,  expiry etc.) | | - | | | | | | | | | | | | | | | |



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| **E02**: Proof of Age *(\* all documents must be in date and if a letter is used, it must be within the last 3 months)* | | | | | | | | | | | | | | | | | |
| Full Passport (EU Member State) | | | - | National ID Card (EU) | | | | - | | Firearms Certificate/ Shotgun Licence | | | | - | | |  |
| Birth/ Adoption Certificate | | | - | Drivers Licence (photo card) | | | | - | | Letter from Educational Institution\* (showing DOB) | | | | - | | |
| Employment Contract/ Pay Slip (showing DOB) | | | - | State Benefits Letter\* (showing DOB) | | | | - | | Pension Statement\* (showing DOB) | | | | - | | |
| Northern Ireland voters card | | | - | Other evidence: Please state  type | | | |  | | | | | | | | | |
| Date of Issue of evidence | | | 2024-07-19 | | | |  | |  |  |  | | | | | | |
| **E03**: Proof of Residence (must show the address recorded on ILP) *\*within the last 3 months* | | | | | | | | | | | | | | | | | |
| Drivers Licence (photo card) | | - | Bank Statement \* | | - | Pension Statement\* | | | | | - | Mortgage Statement\* | | | | - | |
| Utility Bill\*  (excluding mobile phone) | | - | Council Tax annual statement or monthly bill\* | | - | Electoral Role registration evidence\* | | | | | - | Letter/confirmation from homeowner (family/lodging) | | | | - | |
| Date of Issue of  evidence | | 2024-07-19 | | |  |  |  | |  | Other Evidence:  Please state type | | |  | | | | |
| **E04**: Employment Status (please select one option from below and take a copy) | | | | | | | | | | | | | | | | | |
| a. | Latest Payslip (maximum 3 months prior to start date) | | | | | | | | | | | | | | - | | |
| b. | Employment Contract | | | | | | | | | | | | | | - | | |
| c. | Confirmation from the employer that the Participant is currently employed by them which must detail: Participant full name, contracted hours, start date AND date of birth or NINO | | | | | | | | | | | | | | - | | |
| d. | Redundancy consultation or notice (general notice to group of staff or individual notifications) At risk of Redundancy only | | | | | | | | | | | | | | - | | |
| e. | Self-employed | | | | | | | | | | | | | | | | |
|  | A submitted HMRC `SA302' self-assessment tax declaration, with acknowledgement of receipt (within last 12 months) | | | | | | | | | | | | | | - | | |
| Records to show actual payment of Class 2 National Insurance Contributions (within last 12 months) | | | | | | | | | | | | | | - | | |
| Business records in the name of the business - evidence that a business has been established and is active / operating  (within last 12 months) | | | | | | | | | | | | | | - | | |
| If registered as a Limited company: Companies House records / listed as Company Director (within last 12 months) | | | | | | | | | | | | | | - | | |
| f. | Other evidence as listed in the 'Start-Eligibility Evidence list' under Employed section - State below | | | | | | | | | | | | | | - | | |
|  |  | | | | | | | | | | | | | | | | |
| e. | Unemployed (complete the Employment section in ILP form) | | | | | | | | | | | | | | - | | |
| Date of Issue of evidence | | 2024-07-19 | | | | | | | |  | | | | | | | |

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| **Initial Assessment** | | | | | | | | | | | | | | | | |
| Are you currently undertaking a qualification or training (select Y/N). This could be Apprenticeship, training/qualification under ESFA/ESF funding or any other training. | | | | | | | | | | | | - | | N | |  |
| If yes, please supply details of the course and how this is funded |  | | | | | | | | | | | | | | | |
| **Evidenced qualification levels:** | | | | | | | | | | | | | | | | |
| Participant self declaration of highest qualification level | | | | | | | | | | | | | | | | |
| Below Level 1 | X | Level 1 | | | | - | | Level 2 | | | - | Level 3 | | | | - |
| Level 4 | - | Level 5 and above | | | | - | | No Qualifications | | | - |  | | | | |
| Training Providers declaration: Please check the PLR and record information about prior attainment level to ensure correct recording of prior attainment, as well as ensuring no duplication of learning aims or units takes place. | | | | | | | | | | | | | | | | |
| Below Level 1 |  |  | Level 1 | | |  | | Level 2 | | |  | Level 3 | | | |  |
| Below Level 4 |  |  | Level 5 and above | | |  | | No Qualifications | | |  | No Personal Learning Record | | | |  |
| If there is a discrepancy between Participant self declaration and the PLR, please record justification for level to  be reported | | |  | | | | | | | | | | | | | |
| Does the participant have **Basic Skills?** | | | | | | | | | | | | | | | | |
| English | | | |  | none | |  | | Entry Level |  | Level 1 | |  | | Level 2+ | |
| Maths | | | |  | none | |  | | Entry Level |  | Level 1 | |  | | Level 2+ | |
| ESOL | | | |  | none | |  | | Entry Level |  | Level 1 | |  | | Level 2+ | |
| **Basic Skills Initial Assessment:** | | | | | | | | | | | | | | | | |
| Initial Assessment Outcomes – record the levels  achieved by the Participant | | | | | | | | Maths Level | | |  | English Level | | | |  |
| Will the Participant be completing relevant Numeracy and/or Literacy programmes within their learning plan? | | | | | | | | | | | |  | |  | |  |
| Does the Participant require additional learning and/or learner support? | | | | | | | | | | | |  | |  | |  |
| If answered 'Yes' above, please detail how the participant will be supported | | |  | | | | | | | | | | | | | |

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| **Current Skills, Experience and IAG** | | | | | | | | | | |
| **Highest Level of Education at start** | | | | | | | | | | |
| ISCED 0 - Lacking Foundation skills (below Primary Education) | | | | - | ISCED 3 - GCSE A-C or 9-4/AS or A Level/NVQ or BTEC Level 2 or 3 | | | - | | |
| ISCED 1 - Primary Education | | | | - | ISCED 4 - N/A | | | - | | |
| ISCED 2 - GCSE D-G or 3-1/BTEC Level 1/Functional Skills Level 1 | | | | - | ISCED 5 to 8 - BTEC Level 5 or NVQ Level 4, Foundation Degree, BA, MA or equivalent | | | - | | |
| **Other Information:** | | | | | | | | | | |
| What is your current job role and what are your day to day activities? |  | | | | | | | | | |
| What are your career aspirations? |  | | | | | | | | | |
| What training/ qualifications do you need to progress further in your career? (*Planned and future training)* |  | | | | | | | | | |
| What are the barriers to achieving your career aspirations and goals? |  | | | | | | | | | |
| What courses/ programmes/ activity are available to the Participant in order to meet their and their employers needs? |  | | | | | | | | | |
| **Induction Checklist** | | | | | | | | | | |
| The following have been discussed with the Participant as part of the induction onto the programme | | | | | | | | | | |
| This programme is funded by the ESFA | |  | Describe the programme content and delivery expectation | | |  | Equality and Diversity Policy/ Procedure and point of contact | |  |  |
| Health and Safety Policy/ Procedure and point of contact | |  | Safeguarding Policy/ Procedure and point of contact | | |  | PREVENT and point of contact (including British Values) | |  |
| Disciplinary, Appeal and Grievance Policy/ Procedures | |  | Plagiarism, Cheating Policy/ Procedure | | |  | Terms and Conditions of Learning. | |  |

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| **Declarations** | | | | | | | | | | | | | |
| We hereby confirm that we have read, understood and agree with the contents of this document, and understand that the programme is funded by the Mayor of London. | | | | | | | | | | | | | |
| **Participant Declaration:**  I certify that I have provided all of the necessary information to confirm my eligibility for the Funded Provision. | | | | | | | | | | | | | |
| Participant Signature |  | | | | | | Date | | | | 2024-07-19 | | |
| I can confirm that the signature has been entered myself via the following method (please select 1 option): | |  | Wet signature of original document |  | | Inserting image of my signature (email mandate needed) | |  | | Signature software such as  Docusign/Adobe  Sign | |  | Email  declaration/mandate –  this must be attached |
| **Training Provider Declaration:**  I also certify that I have seen and verified the supporting evidence as indicated above, to confirm the Participant eligibility for Funded provision and this specific project. | | | | | | | | | | | | | |
| Name |  | | | | Position | | |  |  | | |  | |
| Signature |  | | | |  | |  | Date | | |  |  | |
| I can confirm that the signature has been entered myself via the following method (please select 1 option): | |  | Wet signature of original document |  |  | Inserting image of my signature (email mandate needed) | |  | | Signature software such as  Docusign/Adobe Sign | |  | Email  declaration/mandate –  this must be attached |



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| **Training Assessment Log** | | | |
| Learner Name | p241 | Provider | PREVISTA |
| Qualification |  | Date |  |

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| **Programme Element** | | **Attendance/Signatures** | | | |
| **Actual Delivery Date** | **Description of Activity**  ***Vocational Area (must relate to the qualification units)*** | **Actual Delivery Times** | **Total Hours** | **Learner Signature** | **Tutor/Assessor Signature** |
|  |  | From: To |  |  |  |
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