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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 | | | | tk | | | | | | | |  |  |  | | | | | |
| Mr | X | Mrs |  | Miss |  | Ms |  | First Name | | | | Muhammad | | | | | | | |
| Middle Name | | | | Osama | | | | | Family Name | | | Ahmed | | | | | | | |
| Date of Birth (DD/MM/YYYY) | | | | 2000-01-01 | | | | | | | |  |  | Current Age at Start of programme | | | | 24 | |
| House No./Name & Street | | | |  | | | | | | | | | | | | | | | |
| Suburb / Village | | | | qwe | | | | | | | | | | | | | | | |
| Town / City | | | | qw | | | | | | | | | | | | | | | |
| County | | | | eqw | | | | | | | | | | | | | | | |
| Country of Domicile | | | | eqew | | | | | | | | | | | | | | | |
| Current Postcode | | | | qwe | | | |  | |  |  |  | Post code prior to enrolment | | | qwe | | | |
| Email Address | | | | asd@email.com | | | | | | | | | | | | | | | |
| Primary Telephone  Number | | | | 123 | | | | | | | | | | | | | | | |
| Secondary Telephone  Number | | | | 1123 | | | | | | | | | | | | | | | |
| 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 | | 123 | | | | | | |  | |
| Emergency Contact Phone Number | | 123 | | | | | | |  | |
| **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 | | X | **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 | - | |
|  | | |
| **LLDD or Health Problem Type** | | | | | | | | **Primary** | | **Secondary** | **Tertiary** | |
| 4 | Vision impairment | | | | | | | X | | - | - | |
| 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 | | | X | 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 London Living Wage  of £23,302.50 pa (£11.95ph for 37.5 hrs pw). | | | | | | -  4 | |
| Employment Hours (place an X in the applicable box) | | | | |  | | 0-15 hrs per week | | | |  | | !6+ 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 | | |  |  |  | |  |  |  | |  |  | Sector of  work for Qualification | | | |  | | | | | |
| 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 | | | | 2024-07-21 | | |
| 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 | | | | Muhammad | | | | | | | Middle Name | | | | Osama | | | |
| Family Name | | | | Ahmed | | | | | | | | | | | | | | |
| 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 | | - |  |  |  |  |  |  | | | | | |
| Date of Expiry | | - |  |  |  |  |  |  | | | | | |
| 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) | | | X | State Benefits Letter\* (showing DOB) | | | | | | - | | Pension Statement\* (showing DOB) | | | | - | | |
| Northern Ireland voters card | | | - | Other evidence: Please state  type | | | | | |  | | | | | | | | | |
| Date of Issue of evidence | | | 2024-07-21 | | | |  |  |  | |  |  |  | | | | | | |
| **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\* | | | | X | |
| 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 | | 2024-07-21 | | |  |  | |  |  | |  | 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) | | | | | | | | | | | | | | | | X | | |
| 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 | | 2024-07-21 | | | | | | | | | |  | | | | | | | |

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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? | asd | | | | | | | | | |
| What are your career aspirations? | asd | | | | | | | | | |
| What training/ qualifications do you need to progress further in your career? (*Planned and future training)* | asd | | | | | | | | | |
| What are the barriers to achieving your career aspirations and goals? | asd | | | | | | | | | |
| 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 Mayor of London | |  | The London Learning Survey (LLS) has been completed and submitted. | | |  | 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  and programme content & programme delivery | |  |

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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 | | | | 2024-07-21 | | |
| 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 |

# Evidence GLA AEB 23-24 Guidance

1. You must hold and retain evidence to assure us that you are using the funding appropriately. Most evidence will occur naturally from your normal business process.
2. You must make sure enrolments for GLA funded AEB support your decision to claim funding and support the individual’s case for consideration as resident in London, or any exceptions set out in the ‘Residency eligibility’ section.
3. In line with General Data Protection Regulations (GDPR), you must record in the evidence pack what appropriate documentation you have seen, rather than take photocopies to prove eligibility.

# Evidence Pack GLA AEB 23-24 Guidance

1. The evidence pack must contain evidence to support the funding claimed and must be available to the GLA if they need it
2. Evidence in the evidence pack must assure us that the learner exists.
3. The learner must confirm information they provide is correct when it is collected.
4. If the time spent in learning is short, the level of evidence in the evidence pack would reflect this.
5. Where you hold information centrally (Aptem) , you only need to refer to the source.
6. If applicable, the evidence pack must confirm the following:
   1. all information reported to us in the ILR and the Earnings Adjustment Statement (EAS), and if it applies, the supporting evidence for the data you report;
   2. your assessment and evidence of eligibility for funding and a record of what evidence the learner has provided to support their eligibility for funding;
   3. copies of all assessments and diagnostics undertaken to determine a learner’s requirements;
   4. information on prior learning that affects the learning or the funding of any of the learning aims or programme;
   5. for ‘personalised learning programmes’, for example, learning not regulated by a qualification, full details of all the aspects of the learning to be carried out, including supporting evidence of the number of planned hours reported in the ILR;
   6. a description of how you will deliver the learning and skills and how the learner will achieve;
   7. the supporting evidence about why you have claimed funding and the level of funding for a learner;
   8. details of any learner or employer contribution;
   9. support needs identified, including how you will meet these needs and the evidence of that;
   10. that learning is taking or has taken place and records are available;
   11. if applicable, a learner’s self-declaration as to what state benefit they claim;
   12. if applicable, a learner’s self-declaration relating to their status of being out of work and outside benefit arrangements;
   13. a learner’s self-declaration on their status relating to gaining a job; and
   14. all records and evidence of achievement of learning aims. This must be available within three months of you reporting it in the ILR.
7. Where the learner is unemployed, this must include a record of what you have agreed with them, including the relevance of the learning to their employment prospects and the labour market needs.

24 127. If a subcontractor delivers any provision to the learner, it must clearly identify who it is. This must match the information reported to us in the ILR.

# London Learner Survey

1. You are required to support the implementation of the London Learner Survey, which is used to measure the impact of provision funded through AEB. You must administer the baseline survey to all AEB-funded learners. This includes any
2. You must schedule designated time for learners to complete the survey. A tutor or other staff member must be available to support with responding to learner queries when completing the survey. You have the flexibility to determine the most
3. A target learner participation rate of 50% will apply. Where participation rates fall below the target, the provider may be required to attend a monitoring meeting with Prevista to explore how participation rates can be improved.
4. Failure to achieve a 50% learner participation rate in the London Learner Survey will impact upon your future AEB allocation.

# Individuals with certain types of immigration status and their family members

1. Any individual with any of the statuses listed below, and is a resident in London,
   1. Refugee Status;
   2. Discretionary Leave to Enter or Remain;
   3. Exceptional Leave to Enter or Remain;
   4. Indefinite Leave to Enter or Remain1 ;
   5. Humanitarian Protection;
   6. Leave Outside the Rules;
   7. Ukraine scheme:
      1. Individuals with leave to enter or remain in the UK under the Ukra
      2. Individuals with leave to enter or remain in the UK under the Ukra

46.7.3 Individuals with leave to enter or remain in the UK under the Ukraine Extension Scheme; the husband, wife, civil partner or child of any of the above in paragraphs 46.1 to 46.7;

|  |
| --- |
| 46.9 Section 67 of the Immigration Act 2016 Leave |
| 46.10 Calais Leave to Remain |

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| --- |
| This includes Afghans eligible under the Afghan Relocation and Assistance Policy  (formerly known as Locally Engaged Staff under the intimidation policy) 2 A child of |
|  |
| A child of a person who has received Calais leave to remain will come under this |
|  |
| 8 46.11 British Nationals evacuated from Afghanistan under Operation Pitting |
|  |
| 46.12 British Nationals evacuated from Afghanistan by the UK government before 6 |
|  |
| 47. In relation to the above categories, you must have seen the learner’s |
|  |
| immigration Self-declarations by learners |
|  |
| 138. All self-declarations must confirm the learner’s details and describe what the |
|  |
| 139. All self-declarations of learners who are out of work and outside benefit  arrangements must confirm the learner’s willingness to work or that they are |
|  |
| 140. If a learner self-declares prior attainment, you must check this in the personal  learning record (PLR) query any contradictory information with the learner. The |
|  |
| **Definitions used in the AEB** |
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| Unemployed |
|  |
| 156. For funding purposes, we define a learner as unemployed if one or more of  the following apply, they: 156.1 receive Jobseeker’s Allowance (JSA), including |
|  |
| 156.2 receive Employment and Support Allowance (ESA); |
|  |
| 156.3 receive Universal Credit, and their take-home pay as recorded on their  Universal Credit statement (disregarding Universal Credit payments and other |
|  |
| 156.4 are released on temporary licence, studying outside a prison environment, |
|  |

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| 157. Providers may also use their discretion to fully fund other learners if both of |
|  |
| 157.1 receives other state benefits (not listed in paragraph 156) and their take home pay (disregarding Universal Credit payments and other benefits) is less than  £617 a month (learner is sole adult in their benefit claim) or £988 a month (learner has a joint benefit claim with their partner), and 157.2 wants to be employed, or |
|  |
| **Individuals out of work and outside benefit** |
|  |
| 158. Providers may use their discretion to fully fund learners who are out of work |
|  |
| 158.1 want to be employed, and/or |
|  |
| 158.2 are seeking exceptional support with social integration, including those with |
|  |
| 159. You may fully fund learners who are employed, or self-employed, and would  normally be co-funded, up to and including level 2. You must be satisfied the |
|  |
| 159.1 is eligible for co-funding; and |
|  |
| 159.2 earns less than the London Living Wage as an annual gross salary on the date of the learner's learning start date. Learners will be deemed to earn less than the London Living Wage as an annual gross salary if they earn less than the hourly |
|  |
| 160. From 1 April 2022 you may also fully fund learners who meet the criteria set  out in paragraph 159.2 and paragraphs 179 to 181 for qualifications included in the |
|  |
| 161. You must have seen evidence of the learner's gross annual wages in these circumstances. This could be a wage slip or a Universal Credit Statement within 3 months of the learner's learning start date, or a current employment contract which |