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|  | **LEARNING AGREEMENT 2023 / 2024** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | All sections MUST be completed in full | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **SECTION 1a: ENGAGEMENT SESSION DETAILS (less than 2hrs)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Title:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Delivery Location:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | 10-09-2024 | | | | | | | | | | | | | **End Date:** | | | | | | 06-09-2024 | | | | | | | | | | | | | | | | |
| **No. of hours** | | 1 |  |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **SECTION 1b: SUBSTANTIVE NUMERACY DELIVERY COURSE DETAILS** (more than 2 hrs course) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Code:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Title:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Delivery Location:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | 07-09-2024 | | | | | | | | | | | | | | **End Date:** | | | | | | 20-09-2024 | | | | | | | | | | | |  |  | |  |
| **Hours per Week:** | | 1 | | | | | | **Total weeks:** | | | | | | | | 1 | | | | | | **Total GLH:** | | | | | | | 1 | | | | | | | | |
| **SECTION 1c: INTERVENTION 5: FUNCTIONAL SKILLS QUALIFICATION** (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Code:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Title:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Delivery Location:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start Date:** | | None | | | | | | | | | | | | | | **End Date:** | | | | | | None | | | | | | | | | | | |  |  | |  |
| **Hours per Week:** | | 0 | | | | | | **Total weeks:** | | | | | | | | 0 | | | | | | **Total GLH:** | | | | | | | 0 | | | | | | | | |
| **SECTION 2: PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | | Mr | | | | | | | | | | | **Legal sex:** | | | | | | **Male** | | | | | [X] | | | **Female** | | | | | [] | |  | | | |
| **Date of Birth:** | | 11-09-2024 | | | | | | | | | | | **NI number** | | | | | | q | | | | | | | | | | | |  |  |  |  |  | |  |
| **Forename:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Surname:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Address:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Town:** | | q | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | q | | | | | | | | |  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **Previous Postcodes since 2010:** (\*if different from current postcode) | | q | | | | | | | | |  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |
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| **Telephone Number:** | | q | | | | | | | | | | | | |  | |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |
| **Email:** | | q@q.co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3: LEARNING RECORDS SERVICE (LRS) PRIVACY NOTICE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Please ensure you read the separate Learning Records Service (LRS) Privacy notice given to you along with this form. \* Your previous postcodes will be used to identify the correct learner record on the LRS portal where your information is similar to other learners. You may also find the latest version of the LRS privacy notice on their website:  <https://www.gov.uk/government/publications/lrs-privacy-notices/lrs-privacy-notice> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a Level 2 or above Maths qualification equivalent to GCSE at grade C or 4 and above or functional skills level 2?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes [X] No [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SECTION 4: RESIDENCY ELIGIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Have you been living in the UK or an EEA country continuously for at least 3 years before your learning start date?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | [X] | | | | **No** | | | | [] | | | |  | |
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| **Are you one of the following:** A UK national? OR An Irish national?  An EEA national with pre-settled or settled status under the EU Settlement Scheme? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | [X] | | | | **No** | | | | [] | | | |  | |
| **If you have answered ‘No’ to either question, you will need to show us evidence of your residency status.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Partner: If the learner has answered ‘No’ to either of the 2 residency questions above, you will be required to check the learner’s immigration documents to determine if they meet the residency eligibility requirements of the Multiply project.  You must document the detail of the learner’s immigration documents on an appendix B1 form.  Copies of learner immigration documents must not be taken. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5: Please tick or X ONE box below to indicate your ethnicity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **White** | | | | | | | | | | | | | | | | | | **Asian/Asian British** | | | | | | | | | | | | | | | | | | | | | | | | **Other Ethnic group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | [] | | | | | English/|Welsh/Scottish/Northern Irish/ British | | | | | | | | | | | 39 | | | | | | [] | | | | | | | Indian | | | | | | | | | | | 47 | | | | [] | | | | | | | Arab | | | | | | | | | | | | | | | | | |
| 32 | | [] | | | | | Irish | | | | | | | | | | | 40 | | | | | | [X] | | | | | | | Pakistani | | | | | | | | | | | 98 | | | | [] | | | | | | | Any other ethnic group | | | | | | | | | | | | | | | | | |
| 33 | | [] | | | | | Gypsy or Irish Traveller | | | | | | | | | | | 41 | | | | | | [] | | | | | | | Bangladeshi | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| 34 | | [] | | | | | Any other White background | | | | | | | | | | | 42 | | | | | | [] | | | | | | | Chinese | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | 43 | | | | | | [] | | | | | | | Any other Asian background | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mixed/|Multiple Ethnic Group** | | | | | | | | | | | | | | | | | | **Black/African/Caribbean/Black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 35 | | [] | | | | | White and Black Caribbean | | | | | | | | | | | 44 | | | | | | [] | | | | | | | African | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | | [] | | | | | White and Black African | | | | | | | | | | | 45 | | | | | | [] | | | | | | | Caribbean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | | [] | | | | | White and Asian | | | | | | | | | | | 46 | | | | | | [] | | | | | | | Any other Black/African/Caribbean background | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | | [] | | | | | Any other Mixed/multiple ethnic background | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 6: LEARNING Difficulties, Disabilities and Health Problems**  **1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Do you have any learning difficulties, disabilities and/or health problems?** \*Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [X] | | | | | No | | | | | | [] | | | |  | | | | |
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| **\*** If you have answered Yes, please tick or X all those that affect you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4 | | [] | | | | | Vision Impairment | | | | | | 14 | | [] | | | | Autism spectrum disorder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 5 | | [] | | | | | Hearing Impairment | | | | | | 15 | | [] | | | | Aspergers syndrome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 6 | | [] | | | | | Disability affecting mobility | | | | | | 16 | | [] | | | | Temporary disability after illness/accident (i.e post viral) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7 | | [] | | | | | Profound complex disabilities | | | | | |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8 | | [] | | | | | Social and emotional difficulties | | | | | | 93 | | [] | | | | Other physical disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 9 | | [] | | | | | Mental health difficulty | | | | | | 94 | | [] | | | | Other specific learning difficulty (e.g. Dyspraxia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 10 | | [X] | | | | | Moderate learning difficulty | | | | | | 95 | | [] | | | | Other medical condition (e.g epilepsy, asthma diabetes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 11 | | [] | | | | | Severe learning difficulty | | | | | | 96 | | [] | | | | Other learning difficulty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 12 | | [] | | | | | Dyslexia | | | | | | 97 | | [] | | | | Other disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 13 | | [] | | | | | Dyscalculia | | | | | | 98 | | [] | | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you have marked more than one box, please record the code number of the condition that affects you the most: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | |
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| **SECTION 7: Please indicate the highest level of qualification you currently hold:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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|  | 99 | | [] | | | | | No qualifications | | | | | | | | | 03 | | | [] | | | | | | Full level 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 09 | | [] | | | | | Entry level / qualification below level 1 | | | | | | | | | 10 | | | [] | | | | | | Level 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 01 | | [X] | | | | | Level 1 | | | | | | | | | 11 | | | [] | | | | | | Level 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1A | | [] | | | | | Level 2 | | | | | | | | | 12 | | | [] | | | | | | Level 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 02 | | [] | | | | | Full level 2 | | | | | | | | | 13 | | | [] | | | | | | Level 7 and above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2A | | [] | | | | | Level 3 | | | | | | | | | 97 | | | [] | | | | | | Other qualification, level not known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 8: Please confirm your current employment status details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | [] | | | | | **I am in paid employment** | | | | *10* | | | | |  | | | [] | | | | | | | **I am self employed** | | | | | | | | | | | | | | | | | | | | | *10 & SEI 1* | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | **And I work for:** | | | | |  | |  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 21 to 30 hours per week | | | | | | | | | [] | | | | | | *EII7* | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 31 hours per week or more | | | | | | | | | [] | | | | | | *EII8* | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | [] | | | | | **I am not in paid employment but looking for work and available to start work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *11* | | | | | |  | |
|  |  | | [X] | | | | | **I am not in paid employment, not looking for work and / or not available to start work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *12* | | | | | |  | |
|  |  | | | | | | |  | | **I have been unemployed for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | Less than 6 months | | | | | | | | | | | | | [] | | | | | | | | | *LOU01* | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 6 – 11 months | | | | | | | | | | | | | [] | | | | | | | | | *LOU02* | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 12 – 23 months | | | | | | | | | | | | | [] | | | | | | | | | *LOU03* | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 24 – 35 months | | | | | | | | | | | | | [] | | | | | | | | | *LOU04* | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | |  | | | | 36 months or more | | | | | | | | | | | | | [] | | | | | | | | | *LOU05* | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | |  | | | | | **I have been made redundant** | | | | | | | | | | | | | [X] | | | | | | | | | *OET1* | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | [] | | | | | **I am retired** | | | *80* |  |  | [] | | **I am in full time education or training** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *PEI 1* | | | | | | | | | | | | | | |
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| **Please indicate if you are currently in receipt of one of the following benefits:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Job seekers allowance** | | | | | | | | | | | | | | | [] | | | | | | *BSI1* | | | | | | | **If you have ticked one of these benefit boxes, please provide your National Insurance number:**  *(2 letters, 6 numbers, 1 letter)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment & Support Allowance (ESA)** | | | | | | | | | | | | | | | [] | | | | | | *BSI5* | | | | | | |
| **Universal credit** | | | | | | | | | | | | | | | [] | | | | | | *BSI4* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other state benefit** | | | | | | | | | | | | | | | [] | | | | | | *BSI6* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 9: EDUCATION AND SKILLS FUNDING AGENCY (ESFA) PRIVACY NOTICE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Please ensure you read the separate Education and Skills Funding Agency (ESFA) privacy notice given to you along with this form. You may also find the latest version of the ESFA privacy notice on their website:  https://www.gov.uk/government/publications/privacy-notice-for-key-stage-5-and-adult-education/privacy-notice-for-key-stage-5-and-adult-education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 10: CLS Marketing, Research and Profiling Permissions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please X the boxes if you wish to be contacted by us in the future:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| About courses, learning opportunities and relevant promotional offers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [] | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For research, profiling, and quality improvement purposes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | [] | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please indicate your CLS contact preferences | | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | | | | | | [] | | | Post | | | | | | | | | | | | | [] | | | | |  | | | | | | | | | | | | | | | |
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| The CLS privacy notice can be found on our website at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 11: LEARNER DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * I confirm that all the information I have provided on this form is correct. * I agree to inform the Multiply Programme of any changes to this information during my learning. * I confirm I have read the LRS and ESFA privacy notices. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Date:** | | | | | | | | 22-09-2024 | | | | | | | | | | | | | | | | | | | | | | |  |
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