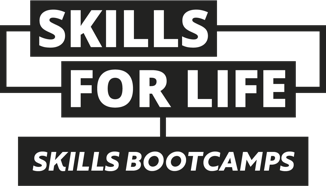
A blue text on a white background

Description automatically generatedA green leaf logo with white background

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Learning Agreement | Provider: Prevista | Sponsor: Surrey County Council |

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| **COURSE NAME:** Skills Bootcamp in Health and Social Care | | | | | | | | | | **Duration:** 12 weeks | |
| **1. Learner Information** | | | | | | | | | | | |
| **Title:** | ph7 | | **Surname/Family Name:** | | | | | ph2 | | | |
| **First Name(s) in full:** | | | ph1 | | | | | **Preferred Name:** | | | ph8 |
| **Previous Name (if applicable):** | | | | | | | | ph9 | | | |
| **Home Address:** | | | ph55  **Postcode:** ph4 | | | | | | | | |
| **If you have changed address within the last 3 years, please provide previous UK Postcode / Country (if not living in the UK):** | | | | | | | | | | | ph56 |
| **Date of Birth (dd/mm/yyyy):** | | ph34 | | | **Age:** | ph57 | | **National Insurance**  **Number:** | | | ph3 |
| **Legal Sex as stated on passport/birth certificate:** | | | | | | | | Male [ph35m] Female [ph35f] | | | |
| **Home Tel No:** | | | ph58 | | | | | **Mobile No:** | | | ph6 |
| **Email address:** | | | ph5 | | | | | | | | |
| **2. Please indicate your ethnic group: please tick ONE box** | | | | | | | | | | | |
| **White**  [ph219] English/Welsh/Scottish/Northern Irish/British  [ph220] Irish  [ph221] Gypsy or Irish Traveller  [ph222] Any Other White Background  **Mixed/Multiple ethnic groups**  [ph223] White and Black Caribbean  [ph224] White and Black African  [ph225] White and Asian  [ph226] Any other Mixed/multiple ethnic background | | | | | | | **Asian/Asian British**  [ph227] India  [ph228] Pakistani  [ph229] Bangladeshi  [ph230] Chinese  [ph231] Any other Asian background  **Black/African/Caribbean/Black British**  [ph232] African  [ph233] Caribbean  [ph234] Any other Black/African/Caribbean background  **Other ethnic group**  [ph235] Arab  [ph236] Any other ethnic group | | | | |
| Do you have a criminal conviction (excluding minor motoring offences)? **Yes** [ph59] **No** [ph60]  Are you currently caring for children or other adults? - please tick ONE box **Yes** [ph61] **No** [ph62] | | | | | | | | | | | |
| **3. Emergency Contact Details** | | | | | | | | | | | |
| **Emergency contact name:** | | | | ph40 | | | | **Relationship:** | ph41 | | |
| **Mobile Tel No:** | | | | ph42 | | | | **Home Tel No:** | ph43 | | |

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| **4. Prior Attainment/Highest Previous Qualifications** | | | | | | |
| [ph63] Entry Level (*Basic Entry Level, E)* [ph68] Level 4 (Certificate of Higher Education; HNC)  [ph64] Qualifications below Level 1 (Pre-entry) [ph69] Level 5 (Foundation Degree; HND)  [ph65] Level 1 (5GCSEs D-G/3-1; 1 AS Level; GNVQ [ph70] Level 6 (Bachelor’s Degree; Graduate qualification)  Foundation; BTEC First Certificate) [ph71] Level 7 or above (Master’s Degree;  [ph66] Full Level 2 (5 GCSEs A\*-C/9-4; NVQ2; 2 or 3 Postgraduate qualification; Doctorate) AS  Levels; GNVQ Intermediate; BTEC First [ph72] Other qualification: level not known  Diploma  [ph73] No qualifications  [ph67] Full Level 3 (4 AS Level; 2 A2/A Level; NVQ3;  BTEC Diploma/Extended Diploma/Access to [ph74] Not known HE) | | | | | | |
| **5. Employment Information** | | | | | | |
| **1. On the day prior to this course, what is your employment status? (please tick ONE box)** | | | | | **2. If you are unemployed, how long have you been unemployed (please tick ONE box)** | **3. If unemployed, please state what benefit you receive (please tick ONE box)** |
|  | 0 – 10  Hours | 11 – 20  Hours | 21 – 30 | 31+  Hours |
| [ph83] Less than 6 months  [ph84] 6-11 months  [ph85] 12-23 months  [ph86] 24-35 months  [ph87] 36 months or over | [ph88] In receipt of JSA  [ph89] In receipt of ESA (Part of WRAG group)  [ph90] In receipt of Universal Credit  [ph91] In receipt of another State Benefit  [ph92] None |
| Paid employment Self employed | [ph75]  [ph79a] | [ph76]  [ph79b] | [ph77]  [ph79c] | [ph78]  [ph79d] |
| [ph80] Not in paid employment & looking for work  [ph81] Not in paid employment & not looking for work  [ph82] In full-time education or training prior to enrolment | | | | |
| **If you ticked in Paid Employment above, please state name of your employer, your current job role, and your current hourly rate:** | | | | | | |
| **Name of Employer and Postcode:** | | | | | ph93  **Postcode:** ph94 | |
| **Current Job Role:** | | | | | ph95 | |
| **Current Hourly Rate:** | | | | | **£**ph96 | |
| **Are you attending this bootcamp via your current employer (has applicant been sent on bootcamp through their current employment)?** | | | | | | **Yes [**ph97y**] No [**ph97n**]** |

Hours

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| **If you are currently unemployed, please give your most recent occupation:**  [ph102] Major Group  [ph103] Managers, directors and senior officials  [ph104] Professional occupations  [ph105] Associate professional and technical occupations  [ph106] Administrative and secretarial occupations  [ph107] Skilled trades occupations  [ph108] Caring, leisure and other service occupations  [ph109] Sales and customer service occupations  [ph110] Process, plant and machine operatives  [ph111] Elementary occupations | | | | |
| **If employed, do you plan to work alongside the bootcamp?**  [ph98] Yes (Full-time employment)  [ph99] Yes (Part time employed)  [ph100] Yes (Self-employed)  [ph101] No | | | | |
| **Industry/sector of current occupation (if currently unemployed, please give most recent occupation)** | | | | |
| [ph112] Agriculture / forestry / fishing  [ph113] Distribution / hotels / restaurants  [ph114] Public admin / education / health | | [ph115] Banking / finance  [ph116] Energy / water  [ph117] Transport / communication | | [ph118] Construction  [ph119] Manufacturing  [ph120] Other services (Please specify below)  [ph120a] |
| **6. Disability, Learning Difficulty and or Health Problem – please tick all that apply, if no option is indicated the starred \* option will be selected** | | | | |
| **Do you consider that you have a learning difficulty, disability or health problem?**  **Yes** [ph122] **\*No** [ph121]Other [ph123] *Please specify:* ph137 | | | | |
| [ph138] Allergy  [ph139] Asperger’s Syndrome  [ph140] Asthma  [ph141] Autism Spectrum  Condition  [ph142] Cystic Fibrosis  [ph143] Diabetes  [ph145] Disability Affecting  Mobility  [ph145] Dyscalculia  [ph146] Dyslexia | [ph124] Epilepsy  [ph125] Hearing Impairment  [ph126] Diagnosed mental health condition  [ph127] Moderate Learning Difficulty  [ph128] Physical Disability  [ph129] Other Specific Learning Difficulty  e.g. Dyspraxia  [ph130] Profound/Complex Disabilities  [ph131] Severe Learning Difficulty | | [ph132] Social, Emotional & Behavioural  Difficulties  [ph133] Speech, Language and  Communication needs  [ph134] Temporary Disability after Illness or  accident  [ph135] Visual Impairment-excluding  glasses/contact lenses  [ph136] Prefer not to say  [ph137] Are you a wheelchair user? | |
| **If you have ticked more than one of the above, please state which disability, learning difficulty and/or health problem impacts most on your learning** | | | impactful\_condition | |
| If you have a support need and would benefit from a confidential interview, please tick this box [confidential\_interview] | | | | |

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| **7. Contact and Marketing Information** | | |
| **How did you hear about us?**  [ph147] Employer  [ph148] Job Centre  [ph149] Social Media | [ph150] Local Press  [ph151] Search Engine | [ph152] Friends / Family  [ph153] Other Source (other\_source) |
| **8. Learner Declaration and Commitment** | | |
| I confirm that initial assessment and information advice and guidance concerning the course has been provided to me, this included information about the course, its entry requirements, its suitability and the support which is available to me.  I agree that the information given on this agreement is true, correct and completed to the best of my knowledge and I understand that Prevista has the right to cancel my enrolment if it is found that I have provided false or inaccurate information. I agree that this information can be used to process my data for any purposes connected with my studies or my health and safety whilst on the premises. This also includes any other contractual requirements and in particular to the disclosure of all the data on this form or otherwise collected about me to the DfE for the purposes noted in the Privacy Notice in section 9.  I also agree with the below points relating to my chosen programme:   * Take appropriate responsibility for my own learning, development and progression * Attend and undertake training required to achieve the Skills Bootcamp identified in Programme Details in the ILP * Promptly inform the Employer and/or Prevista if any matters or issues arise, or might arise, that will, or may, affect my learning, development and progression * At all times behave in a safe and responsible manner and in accordance with the statutory requirements of health and safety law relating to my responsibilities from time to time   If you wish to raise a complaint about how we have handled your personal data email to Prevista or any other issues, please contact us with full details of your issue. If you are not satisfied how your complaint has been dealt with, please be aware of Authority’s Whistleblowing and Complaints policies and processes.  Whistleblowing involves entering a 'whistleblowing' webform on the 'Contact the Department for Education' page, which can be found below:  Complaints Procedure - Department for Education - Gov.uk  Contact the Department for Education - Gov.uk . Whistleblowing entries for Skills Bootcamps must be clearly marked as 'Skills Bootcamps' and will submitted via the DfE's whistleblowing submission process and will be escalated to the relevant policy team.  Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. You can agree to be contacted for other purposes by ticking any of the following boxes:  [ph154] About courses or learning opportunities. [ph156] By post.  [ph155] For surveys and research [ph157] By phone  [ph158] By Email  I consent to being filmed for course development, evaluation, and marketing purposes. [ph159] | | |

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| **Learner Name:** | ph1 ph2 |
| **Signature:** | ph\_signature |
| **Date:** | ph50 |

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| ***Office Use Only:*** | | | |
| Has the learner lived in the UK for the last 3 years? | |  | |
| Current ID checked | |  | |
| I confirm that I have checked the form for completeness and accuracy, have seen certification to validate the qualification/grades entered and have witnessed the identification ticked above. | | | |
| **Suitable for course?** | **Yes [] No []** | **Accepted on Programme?** | **Yes [] No []** |
| **Planned Start Date:** |  | Updated Data Submission Spreadsheet: | **Yes []** |
| Staff Signature: |  | Date: |  |