

UKPRN UKPRN in previous year ULN
 Learner reference number Learner Reference number in previous year

Individualised Learner Record 2015/16 – Learner Details Data Capture Form

Learner Information – Please complete in BLOCK CAPITALS using Black Ink

Family name	<input type="text"/>	Given names	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>		
Current address lines 1 & 2	<input type="text"/> House No. / Name & Street	Suburb / Village		Sex (M / F)	<input type="checkbox"/>	Ethnicity	<input type="text"/>
Current address lines 3 & 4	<input type="text"/> Town / City	County		Telephone number	<input type="text"/>		
Current postcode	<input type="text"/> Postcode prior to enrolment	<input type="text"/>		National insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Email address	<input type="text"/>						

Learner does not wish to be contacted (tick all that apply)
 About courses or learning opportunities (RUI1) For surveys and research (RUI2) By Post (PMC1) By Phone (PMC2) By Email (PMC3)

LLDD & Health Problem and Learner Funding and Monitoring – Only complete and return where applicable

Do you consider yourself to have a long term disability, health problem or any learning difficulties? (Y/N)	<input type="checkbox"/>	<table border="1"> <tr> <td>LLDD Health Problem Category</td> <td>Primary LLDD</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	LLDD Health Problem Category	Primary LLDD								
LLDD Health Problem Category	Primary LLDD											
Does the learner have any of the following? (tick those that apply)	<input type="checkbox"/>											
Learning Difficulty Assessment (LDA)	<input type="checkbox"/>	Eligibility for EFA Disadvantage Funding (EDF)	<input type="checkbox"/>									
Education Health Care Plan (EHC)	<input type="checkbox"/>	Eligibility for EFA Disadvantage Funding (EDF)	<input type="checkbox"/>									
Disabled Student Allowance (DLA)	<input type="checkbox"/>	GCSE Maths Condition of Funding (MCF)	<input type="checkbox"/>									
Special Education Needs (SEN)	<input type="checkbox"/>	GCSE English Condition of Funding (ECF)	<input type="checkbox"/>									

Prior attainment Level	<input type="text"/> <input type="text"/>	Planned learning hours	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Planned employability, enrichment, and pastoral hours	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Is the learner away from home in accommodation owned or managed by the provider (Y / N)	<input type="checkbox"/>
Learner FAM type and identifier(s) (LSR type is not required for ESF funded learning)	<input type="text"/> <input type="text"/> <input type="text"/> L S R	<input type="text"/> <input type="text"/> <input type="text"/> L S R	<input type="text"/> <input type="text"/> <input type="text"/> L S R	<input type="text"/> <input type="text"/> <input type="text"/> L S R	<input type="text"/> <input type="text"/> <input type="text"/> N L M	<input type="text"/> <input type="text"/> <input type="text"/> N L M	<input type="text"/> <input type="text"/> <input type="text"/> N L M

GCSE Maths qualification Grade	<input type="text"/> <input type="text"/>	GCSE English Qualification Grade	<input type="text"/> <input type="text"/>	Free Meals Eligibility FME	<input type="checkbox"/>	Pupil Premium Funding Eligibility PPE	<input type="checkbox"/> <input type="checkbox"/>
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How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being-related purposes, including for research. Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at:

<https://www.gov.uk/government/publications/sfa-privacy-notice>

This activity is part-financed by the European Union through the European Social Fund (ESF). ESF supports activities to extend employment opportunities and develop a skilled workforce.

I certify that the information contained on this form is correct

Date / / 20



European Union
European Social Fund
Investing in jobs and skills

Learner verification type (LRS registration use only) Relationship with school Passport Driving licence ID Card/Other national ID NI card Certificate of entitlement Bank card/Debit card Other None provided

Learner's names

Learner reference number

Single Individualised Learner Record 2015/16 – Learner Details Data Capture Form – Employment and Monitoring Information

Employment Status

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>	Is the employer a small employer SEM1	<input type="checkbox"/>
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	<input type="text"/>

Updated Employment Status

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	<input type="text"/>

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	<input type="text"/>

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	<input type="text"/>

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	<input type="text"/>

Single Individualised Learner Record 2015/16 – Learner Details Data Capture Form – Provider Specified Monitoring Information

Provider Specified Learner Monitoring

Provider Specified Learner Monitoring

Learner's names

Learner reference number

Individualised Learner Record 2015/16 – Apprenticeship Programme Aims ONLY (Funded or Non-funded)

Learning Start Information

Aim type	<input type="text" value="1"/>	Aim sequence number	<input type="text"/>	Learning aim reference	Z P R O G 0 0 1	Funding model	<input type="text"/>	Delivery location postcode	<input type="text"/>	<input type="text"/>	
Learning start date	<input type="text"/> / <input type="text"/> / 20		Learning planned end date	<input type="text"/> / <input type="text"/> / 20		Is the aim restart Y/N (RES)	<input type="checkbox"/>	Original learning start date	<input type="text"/> / <input type="text"/> / 20		
Programme type	<input type="text"/>		Framework code	<input type="text"/>		Apprenticeship pathway	<input type="text"/>				

Learning Delivery Funding and Monitoring (FAM) Information – Only complete and return where applicable

Learning delivery funding and monitoring type(s) and code(s)

S O F	<input type="text"/>	F F I	<input type="text"/>	W P L	<input type="text"/>	E E F	<input type="text"/>
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Does the learner need learning support? (LSF)
from / / 20 to / / 20Does the learner need learning support? (LSF)
from / / 20 to / / 20

A S L	<input type="text"/>	S P P S P	<input type="text"/>	N S A	<input type="text"/>	W P P	<input type="text"/>	T B S	<input type="text"/>
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L D M	<input type="text"/>						
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Household Situation (Maximum 2 options)

H H S 1	<input type="text"/>	H H S 2	<input type="text"/>	H H S 3	<input type="text"/>	H H S 9 9	<input type="text"/>	H H S 9 8	<input type="text"/>
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Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields	<input type="text"/>								
	<input type="text"/>								

Learning End Information

Learning actual end date	<input type="text"/> / <input type="text"/> / 20	Completion status	<input type="checkbox"/>	Withdrawal reason Required if Completion status = 3	<input type="checkbox"/>	Outcome	<input type="checkbox"/>	Employment Outcome	<input type="checkbox"/>
Provider's Signature	<hr/>		Date	<input type="text"/> / <input type="text"/> / 20					

Learner's names

Learner reference number

Individualised Learner Record 2015/16 – Apprenticeship Component Aims ONLY (Funded and Non-funded)

Learning Start Information

Aim type	<input type="text"/>	Aim sequence number	<input type="text"/>	Learning aim reference	<input type="text"/>	Funding model	<input type="text"/>	Delivery location postcode	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Learning startdate	<input type="text"/> / <input type="text"/> / <input type="text"/> 20	Learning planned end date	<input type="text"/> / <input type="text"/> / <input type="text"/> 20	Is the aim restart Y/N (RES)	<input type="checkbox"/>	Original Learning start date	<input type="text"/> / <input type="text"/> / <input type="text"/> 20	Subcontracted or partnership UKPRN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Programme type	<input type="text"/>	Framework code	<input type="text"/>	Apprenticeship pathway	<input type="text"/>	Funding adjustment for prior learning	<input type="text"/>	Other funding adjustment	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Delivery Hours	<input type="text"/>	Contract Reference number	<input type="text"/>								
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Learning Delivery Funding and Monitoring (FAM) Information – Only complete and return where applicable

S O F	<input type="text"/>	F F I	<input type="text"/>	W P L	<input type="text"/>	E E F	<input type="text"/>	N S A	<input type="text"/>	A S L	<input type="text"/>
L D M	<input type="checkbox"/>	S P P	<input type="checkbox"/>	S P P	<input type="checkbox"/>						
W P P	<input type="checkbox"/>	T B S	<input type="checkbox"/>	P O D	<input type="checkbox"/>						

Is the learning aim financed by a 24+ Advanced Learning Loan? (Y/N) (ADL)

Does the learner need learning support? (LSF) from / / 20 to / / 20

Household Situation (HHS)

Is the learner in receipt of a 24+ Advanced Loans Bursary Fund? (ALB) from / / 20 to / / 20

Household Situation (HHS) Family English, Maths and Language (FLN)

Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields

<input type="text"/>											
<input type="text"/>											

Learning End Information

Learning actual end date / / 20 Completion status Withdrawal reason

Required if Completion status = 3

Outcome Employment Outcome Achievement date / / 20Outcome grade

Required if Outcome is achieved

Provider's Signature _____

Date / / 20



Learner's names

Learner reference number

Single Individualised Learner Record 2015/16 – Learner Details Data Capture Form – Trailblazer Financial Details**Trailblazer Financial Details**Trailblazer Financial
Type Trailblazer Financial
Code Trailblazer Financial
Amount Trailblazer Financial
Record Date / / 20Trailblazer Financial
Type Trailblazer Financial
Code Trailblazer Financial
Amount Trailblazer Financial
Record Date / / 20Trailblazer Financial
Type Trailblazer Financial
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Record Date / / 20Trailblazer Financial
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Record Date / / 20Trailblazer Financial
Type Trailblazer Financial
Code Trailblazer Financial
Amount Trailblazer Financial
Record Date / / 20

Single Individualised Learner Record 2015/16 – Learner Details Data Capture Form – Learning Delivery Work Placement Details

Learning Delivery Work Placement Details