

UKPRN

UKPRN  
in  
previous year

UL

Learner reference number

## **Individualised Learner Record 2014/15 – 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"/>	<input type="text"/>	<input type="text"/>	Sex (M / F)	<input type="checkbox"/>	Ethnicity	<input type="text"/>					
Current address lines 3 & 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone number	<input type="text"/>							
Current postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode prior to enrolment	<input type="text"/>	<input type="text"/>	<input type="text"/>	National insurance number	<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)  Does the learner have any of the following? (tick those that apply)

Learning Difficulty Assessment (LDA)	<input type="checkbox"/>	Eligibility for EFA Disadvantage Funding (EDF)	<input type="checkbox"/>	Does the learner need additional learning support? (ALS)	<input type="checkbox"/>	
Education Health Care Plan (EHC)	<input type="checkbox"/>	Eligibility for EFA Disadvantage Funding (EDF)	<input type="checkbox"/>	Is the leaner a High Needs Student (HNS)	<input type="checkbox"/>	
Disabled Student Allowance (DLA)	<input type="checkbox"/>	GCSE Maths Condition of Funding (MCF)	<input type="checkbox"/>	Learning support cost £	<input type="text"/>	
Special Education Needs (SEN)	<input type="checkbox"/>	GCSE English Condition of Funding (ECF)	<input type="checkbox"/>			

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

GCSE Maths qualification Grade  GCSE English Qualification Grade  Free Meals Eligibility FME  Pupil Premium Funding Eligibility PPE

How We Use Your Personal Information This activity is part-financed by the European Union through

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  
Learner's Signature \_\_\_\_\_

I certify that the information contained on this form is correct

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, is available at [www.gov.uk/government/publications/what-happens-to-my-data](#).

share data are available at:  
<https://www.gov.uk/government/publications/sfa-privacy-notice>

**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 2014/15 – 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 <span style="background-color: #ffffcc; border: 1px solid black; padding: 2px;">Complete where applicable</span>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> E I I	<input type="checkbox"/> E I I	<input type="checkbox"/> L O U	<input type="checkbox"/> L O E	<input type="checkbox"/> B S I	<input type="checkbox"/> P E I	<input type="checkbox"/> R O N	<input type="checkbox"/>

### Updated 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 <span style="background-color: #ffffcc; border: 1px solid black; padding: 2px;">Complete where applicable</span>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> E I I	<input type="checkbox"/> E I I	<input type="checkbox"/> L O U	<input type="checkbox"/> L O E	<input type="checkbox"/> B S I	<input type="checkbox"/> P E I	<input type="checkbox"/> R O N	<input type="checkbox"/>

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 <span style="background-color: #ffffcc; border: 1px solid black; padding: 2px;">Complete where applicable</span>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> E I I	<input type="checkbox"/> E I I	<input type="checkbox"/> L O U	<input type="checkbox"/> L O E	<input type="checkbox"/> B S I	<input type="checkbox"/> P E I	<input type="checkbox"/> R O N	<input type="checkbox"/>

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 <span style="background-color: #ffffcc; border: 1px solid black; padding: 2px;">Complete where applicable</span>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> E I I	<input type="checkbox"/> E I I	<input type="checkbox"/> L O U	<input type="checkbox"/> L O E	<input type="checkbox"/> B S I	<input type="checkbox"/> P E I	<input type="checkbox"/> R O N	<input type="checkbox"/>

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 <span style="background-color: #ffffcc; border: 1px solid black; padding: 2px;">Complete where applicable</span>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> E I I	<input type="checkbox"/> E I I	<input type="checkbox"/> L O U	<input type="checkbox"/> L O E	<input type="checkbox"/> B S I	<input type="checkbox"/> P E I	<input type="checkbox"/> R O N	<input type="checkbox"/>

Learner's names

Learner reference number

### Individualised Learner Record 2014/15 – 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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#### 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="text"/>	Outcome	<input type="checkbox"/>	Employment Outcome	<input type="checkbox"/>
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Provider's Signature

Date  /  / 20

Learner's names

Learner reference number

## Individualised Learner Record 2014/15 – 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

  

  


### Learning End Information

Learning actual end date  /  /  20 Completion status  Withdrawal reason

Required if Completion status = 3

Outcome  Employment Outcome

Achievement date  /  /  20

Outcome grade

Required if Outcome is achieved

Provider's Signature \_\_\_\_\_

Date  /  /  20



Learner's names

Learner reference number

**Single Individualised Learner Record 2014/15 – 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  
Code Trailblazer Financial  
Amount Trailblazer Financial  
Record Date  /  / 20Trailblazer Financial  
Type Trailblazer Financial  
Code Trailblazer Financial  
Amount Trailblazer Financial  
Record Date  /  / 20Trailblazer Financial  
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Record Date  /  / 20Trailblazer Financial  
Type Trailblazer Financial  
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Record Date  /  / 20Trailblazer 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  /  / 20



## Learner's Names

Learner reference number

Single Individualised Learner Record 2014/15 – Learner Details Data Capture Form – Learning Delivery Work Placement Details

## Learning Delivery Work Placement Details