Sunesis

UKPRN		UKPRN in previous year		ULN	

Learner reference number		Learner Reference number in previous year	

Individualised Learner Record 2016/17 – Learner Details Data Capture Form

Learner Information – Please complete in BLOCK CAPITALS using Black Ink

Family name: ____ Given names: ____ Date of birth: ____

Current address lines 1 & 2:
House No. / Name & Street ____ Suburb / Village ____
Sex (M / F): ____ Ethnicity: ____

Current address lines 3 & 4:
Town / City ____ County ____
Telephone number: ____

Current postcode: ____ Postcode prior to enrolment: ____ National insurance number: ____

Email address: ____

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)

	LLDD Health Problem Category	Primary LLDD

Learning Difficulty Assessment (LDA) ☐   Eligibility for EFA Disadvantage Funding (EDF) ☐   Does the learner need additional learning support? (ALS) ☐

Education Health Care Plan (EHC) ☐   Eligibility for EFA Disadvantage Funding (EDF) ☐   Is the leaner a High Needs Student (HNS) ☐

Disabled Student Allowance (DLA) ☐   GCSE Maths Condition of Funding (MCF) ☐

Special Education Needs (SEN) ☐   GCSE English Condition of Funding (ECF) ☐   Learning support cost £ ____

Prior attainment Level ____   Planned learning hours ____   Planned employability, enrichment, and pastoral hours ____   Is the learner away from home in accommodation owned or managed by the provider (Y / N) ☐

Learner FAM type and identifier/(s)   (LSR type is not required for ESF funded learning)

L S R ____   L S R ____   L S R ____   L S R ____   N L M ____   N L M ____

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

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 mantain 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

Learner's Signature ____

I certify that the information contained on this form is correct

Date ____ / ____ / 20

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 ☐

Sunesis

Learner's names

Learner reference number

Single Individualised Learner Record 2016/17 – Learner Details Data Capture Form – Employment and Monitoring Information

Employment Status

Employment status

Date employment status applies: / / 20

Employer ID

Is the employer a small employer SEM1

Employment status monitoring type and codes Complete where applicable

Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET
S E I	E I I	L O U	L O E	B S I	P E I	R O N

Updated Employment Status

Employment status

Date employment status applies: / / 20

Employer ID

Employment status monitoring type and codes Complete where applicable

Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET
S E I	E I I	L O U	L O E	B S I	P E I	R O N

Employment status

Date employment status applies: / / 20

Employer ID

Employment status monitoring type and codes Complete where applicable

Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET
S E I	E I I	L O U	L O E	B S I	P E I	R O N

Employment status

Date employment status applies: / / 20

Employer ID

Employment status monitoring type and codes Complete where applicable

Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET
S E I	E I I	L O U	L O E	B S I	P E I	R O N

Employment status

Date employment status applies: / / 20

Employer ID

Employment status monitoring type and codes Complete where applicable

Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET
S E I	E I I	L O U	L O E	B S I	P E I	R O N

Single Individualised Learner Record 2016/17 – Learner Details Data Capture Form – Provider Specified Monitoring Information

Provider Specified Learner Monitoring

Provider Specified Learner Monitoring

Learner's names

Learner reference number

Learning Start Information

Aim type **1**   Aim sequence number [ ]   Learning aim reference **Z P R O G 0 0 1**   Funding model [ ]   Delivery location postcode [ ]

Learning start date [/ / 20]   Learning planned end date [/ / 20]   Is the aim restart Y/N (RES) [ ]   Original learning start date [/ / 20]

Programme type [ ]   Framework code [ ]   Apprenticeship pathway [ ]   Standard Code [ ]

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 [ ]   **F F I** [ ]   **W P L** [ ]   **E E F** [ ]

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

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

A S L [ ]   **S P P S P** [ ]   **N S A** [ ]   **W P P** [ ]

L D M [ ]   **L D M** [ ]   **L D M** [ ]   **L D M** [ ]

Houehold Situation (Maximum 2 options)

H H S 1 [ ]   **H H S 2** [ ]   **H H S 3** [ ]   **H H S 9 9** [ ]   **H H S 9 8** [ ]

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 [ ]

Provider's Signature _____   Date [/ / 20]

Sunesis

Learner's names

Learner reference number

Learning Start Information

Aim type

Aim sequence number

Learning aim reference

Funding model

Delivery location postcode

Learning start date   /   / 20

Learning planned end date   /   / 20

Is the aim restart Y/N (RES)

Original Learning start date   /   / 20

Subcontracted or partnership UKPRN

Programme type

Framework code

Apprenticeship pathway

Standard Code

Funding adjustment for prior learning

Other funding adjustment

Additional Delivery Hours

Contract Reference number

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

S O F

F F I

W P L

E E F

N S A

A S L

L D M

L D M

L D M

L D M

S P P S P

W P P

P O D

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

Required if Outcome is achieved

Outcome grade

Provider's Signature _____

Date   /   / 20

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Learner's names	Learner reference number

Single Individualised Learner Record 2016/17 – Learner Details Data Capture Form – Trailblazer Financial Details

Trailblazer Financial Details

Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
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Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20
Trailblazer Financial Type		Trailblazer Financial Code		Trailblazer Financial Amount		Trailblazer Financial Record Date	/ / 20

Learner's Names

Learner reference number

Single Individualised Learner Record 2016/17 – Learner Details Data Capture Form – Learning Delivery Work Placement Details

Learning Delivery Work Placement Details

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |

| Work Placement Start Date | / / 20 | Work Placement End Date | / / 20 | Work Placement Mode | | Work Placement Employer Identifier | |