

UKPRN

Provider number
(UPIN)

Learner reference
number

ULN

The Provider should X
this box if this is a
change notification

Box A

Single Individualised Learner Record 2011/12 – Generic Learner Information Data Capture Form

Learner Information – Please complete in BLOCK CAPITALS using Black Ink

Family name			Given names			Date of birth			1		9		
Current address lines 1 & 2	House No. / Name & Street				Suburb / Village		Country of domicile						
							Not required for ESF funded learning						
Current address lines 3 & 4	Town / City				County		Telephone number						
Current postcode			Postcode prior to enrolment				National insurance number						
Email address					Sex (M or F)		Ethnicity			Prior attainment			

LLDD & Health Problems 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) ☐ LLDD & health problem type and code

D	S
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 And / Or

L	D
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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		
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Declaration

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 Young People's Learning Agency for England ("the YPLA") to meet legal duties 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). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at: <http://skillsfundingagency.bis.gov.uk/privacy.htm> <http://www.ypla.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

Tick any of the following boxes if
you do not wish to be contacted:

About courses or learning opportunities. ☐ For surveys and research ☐ By post ☐ By phone ☐ By e-mail ☐

Learner's Signature _____

Date

/	/	20
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I certify that the information contained on this form is correct

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 ☐

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.

Learner's names

Learner reference number

Page ____ of ____
The Provider should X
this box if this is a
change notification

Box A

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Single Individualised Learner Record 2011/12 – Apprenticeship Component Aims ONLY

Learning Start Information

Aim type	<input type="text"/>	Learning aim reference	<input type="text"/>	Learning start date	<input type="text"/> / <input type="text"/> / 20	Learning planned end date	<input type="text"/> / <input type="text"/> / 20
Funding model	<input type="text"/>	Programme type	<input type="text"/>	Framework code	<input type="text"/>	Proportion of funding remaining	<input type="text"/>
Programme type and Framework code should be the same as the Programme Aim entry values							
Delivery location postcode	<input type="text"/>			Subcontracted or partnership UKPRN	<input type="text"/>	Planned credit value	<input type="text"/>
				Only required for learning aims in QCF unit trials			

ESF Funded Apprenticeship Component Aim – Additional Information

Project dossier number	<input type="text"/>	Local project number	<input type="text"/>
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Learning Delivery Funding and Monitoring (FAM) Information – Only complete and return where applicable

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employment Status – To be completed with the learner

Day Before Starting Learning Aim

Employment status	<input type="text"/>	Date status applies to	<input type="text"/> / <input type="text"/> / 20	Employment status monitoring type and codes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Provider Specified Learning Delivery Monitoring Information

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

Learning End Information

Learning actual end date	<input type="text"/> / <input type="text"/> / 20	Completion status	<input type="text"/>	Withdrawal reason	<input type="text"/>	Outcome indicator	<input type="text"/>	Achievement date	<input type="text"/> / <input type="text"/> / 20
				Required if Completion status = 3				Required if Outcome is achieved	
Outcome grade	<input type="text"/>			Credits achieved	<input type="text"/>				
				Only required for learning aims in QCF unit trials					

Provider's Signature _____

Date / / 20