

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

Individualised Learner Record 2018/19 – 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 House No. / Name & Street <input type="text"/>	Suburb / Village <input type="text"/>	Sex (M / F) <input type="checkbox"/>	Ethnicity <input type="text"/>
Current address lines 3 & 4 Town / City <input type="text"/>	County <input type="text"/>	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"/>	
Email address <input type="text"/>	Campus ID <input type="text"/>	Off-the-job Hours <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)

LLDD Health Problem Category	Primary LLDD
<input type="checkbox"/>	<input type="checkbox"/>

Learning Difficulty Assessment (LDA) Eligibility for EFA Disadvantage Funding (EDF)
 Education Health Care Plan (EHC) Eligibility for EFA Disadvantage Funding (EDF)
 Disabled Student Allowance (DLA) GCSE Maths Condition of Funding (MCF)
 Special Education Needs (SEN) GCSE English Condition of Funding (ECF)

Does the learner need additional learning support? (ALS)
 Is the learner a High Needs Student (HNS)
 Learning support cost £

Prior attainment 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 <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/>
--	--	--	--	--	--

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 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>

Learner's Signature _____

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



Learner verification type (LRS registration use only)

Relationship with school <input type="checkbox"/>	Passport <input type="checkbox"/>	Driving licence <input type="checkbox"/>	ID Card/Other national ID <input type="checkbox"/>	NI card <input type="checkbox"/>	Certificate of entitlement <input type="checkbox"/>	Bank card/Debit card <input type="checkbox"/>	Other <input type="checkbox"/>	None provided <input type="checkbox"/>
---	-----------------------------------	--	--	----------------------------------	---	---	--------------------------------	--

Learner's names

Learner reference number

Single Individualised Learner Record 2018/19 – Learner Details Data Capture Form – Employment and Monitoring Information

Employment Status

Employment status Date employment status applies / / 20 Employer ID Small employer SEM1 Agreement 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

Updated Employment Status

Employment status Date employment status applies / / 20 Employer ID Agreement 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 Agreement 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 Agreement 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 Agreement 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

Individualised Learner Record 2018/19 - 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"/>	Standard Code	<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"/>
-----------	----------------------	-----------	----------------------	-----------	----------------------	-----------	----------------------

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"/>
-----------	----------------------	-------------------	----------------------	-----------	----------------------	-----------	----------------------

L D M	<input type="text"/>						
-----------	----------------------	-----------	----------------------	-----------	----------------------	-----------	----------------------

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"/>
---------------	----------------------	---------------	----------------------	---------------	----------------------	-------------------	----------------------	-------------------	----------------------

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"/>
Provider's Signature	<hr/>		Date	<input type="text"/> / <input type="text"/> / 20					

Learner's names

Learner reference number

Individualised Learner Record 2018/19 - Apprenticeship Component Aims ONLY (Funded or Non-funded)
Learning Start Information

Aim type Aim sequence number Learning aim reference Funding model Delivery location postcode

Learning startdate / / 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	<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="text"/>	L	D	M	<input type="text"/>	L	D	M	<input type="text"/>	L	D	M	<input type="text"/>	S	P	P	<input type="text"/>	S	P	P	<input type="text"/>
W	P	P	<input type="text"/>				<input type="text"/>	P	O	D	<input type="text"/>												

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 Outcome Employment Outcome

Required if Completion status = 3

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 2018/19 - 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
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 / / 20

Learner's Names

Learner reference number

Single Individualised Learner Record 2018/19 - 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