

UKPRN

--	--	--	--	--	--

ULN

--	--	--	--	--	--	--	--	--	--

Box A

Learner reference
number

--	--	--	--	--	--	--	--	--	--

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

Individualised Learner Record 2012/13 – Learner Details 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 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)

LLDD & health problem type and code

D	S
---	---

--	--

And / Or

L	D
---	---

--	--

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		
---	---	---	--	--

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 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). 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.learningrecordservice.org.uk/documentlibrary/documents/Code+of+Practice+for+Sharing+of+Personal+Information.htm>

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.

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

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



Learner's names

Learner reference number

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

Individualised Learner Record 2012/13 – Apprenticeship Programme Aims ONLY (Funded or Non-funded)

Learning Start Information

Aim type

Learning aim reference

Learning start date

Learning planned end date

Funding model

Code 45 or 99 only

Apprenticeship pathway

Contracting organisation †

Programme entry route

Programme type

Codes 2, 3, 20 or 21 only

Framework code

Delivery location postcode

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

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

You should complete only one
SPP, SSP or CVE code and not all
three, if applicable.

Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields

Learning End Information

Learning actual end date

Completion status

Withdrawal reason

Required if Completion status = 3

Outcome

Achievement date

Required if Outcome is achieved

Actual progression route

Provider's Signature

Date

† - Fields marked are not required for non-funded provision

Learner's names

Learner reference number

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

Individualised Learner Record 2012/13 – Non Apprenticeship Learning Aims (Not for use for ESF funded aims)

Learning Start Information

Aim type	4	Learning aim reference	<input type="text"/>	Learning start date	/ / 20	Learning planned end date	/ / 20
Funding model	<input type="text"/>	Contracting organisation	<input type="text"/>	Programme type	9 9	Proportion of funding remaining	<input type="text"/>
Main delivery method	<input type="text"/>	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

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	1 0 5	S O F	<input type="text"/>	F F I	<input type="text"/>	A L N	<input type="text"/>	A S N	<input type="text"/>	You should complete only one SPP, SSP or CVE code and not all three, if applicable
N S A	<input type="text"/>	L D M	<input type="text"/>	L D M	<input type="text"/>	L D M	<input type="text"/>	R E S	<input type="text"/>	
S P P	S P	<input type="text"/>	S S P	S S	<input type="text"/>	C V E	<input type="text"/>	C V	<input type="text"/>	

Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields

Learning End Information

Learning actual end date	/ / 20	Completion status	<input type="text"/>	Withdrawal reason	<input type="text"/>	Outcome	<input type="text"/>	Achievement date	/ / 20	Actual progression route	<input type="text"/>
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		Employment outcome	<input type="text"/>				

Provider's Signature

Date / / 20

Learner's Names

Learner reference number

Page ___ of ___

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

Individualised Learner Record 2012/13 – Learning Delivery Information – ESF Funded Learning Aims ONLY

Learning Start Information

Aim type

Learning aim
reference

Learning start
date

Learning planned
end date

Funding
model

Delivery location postcode

Planned
credit value

Project dossier number

Local project number

Only required for learning aims in the QCF unit trials

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	1	0	5
---	---	---	---	---	---

S	O	F			
---	---	---	--	--	--

N	S	A		
---	---	---	--	--

L	D	M		
---	---	---	--	--

L	D	M		
---	---	---	--	--

L	D	M		
---	---	---	--	--

R	E	S	
---	---	---	--

S	P	P	S	P	
---	---	---	---	---	--

S	S	P	S	S	
---	---	---	---	---	--

C	V	E	C	V	
---	---	---	---	---	--

You should complete only **one** SPP,
SSP or CVE code and **not** all three, if
applicable.

Provider Specified Delivery Monitoring Information

Provider specified delivery
monitoring fields

Learning End Information

Learning actual end date

Completion status

Withdrawal reason
Required if Completion
Status = 3

Outcome

Actual progression route

Outcome grade

Credits achieved

Only required for learning aims in the
QCF unit trials

Employment outcome

Provider's Signature

Date / / 20