

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 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode prior to enrolment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		National insurance number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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)

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"/> <input type="text"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> <input type="text"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> <input type="text"/>	L <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> <input type="text"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> <input type="text"/>	N <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> <input type="text"/>
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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 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 2016/17 – 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 Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
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	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
S E I	E I I	L O U	L O E	B S I	P E I	R O N	

Employment status	<input type="text"/>	Date employment status applies	/ / 20	Employer ID	<input type="text"/>		
Employment status monitoring type and codes Complete where applicable							
Is the learner self-employed	<input type="checkbox"/>	Employment Intensity Ind	<input type="text"/>	Length of Unemployment	<input type="text"/>	Length of Employment	<input type="text"/>
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 2016/17 – Apprenticeship Programme Aims ONLY (Funded or Non-funded)

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	
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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)

Does the learner need learning support? from / / 20 to / / 20

Does the learner need learning support? from / / 20 to / / 20

A	S	L		S	P	P	S	P				N	S	A			W	P	P	
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L D M | | | | | | | |

Household 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

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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

Learner's names

Learner reference number

Individualised Learner Record 2016/17 – 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"/>	Standard Code	<input type="text"/>	Funding adjustment for prior learning	<input type="text"/>	Other funding adjustment	<input type="text"/>
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="checkbox"/>	S P P	<input type="checkbox"/>	S P P	<input type="checkbox"/>						
W P P	<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	<input type="text"/> / <input type="text"/> / <input type="text"/> 20	Completion status	<input type="checkbox"/>	Withdrawal reason	<input type="text"/>	Outcome	<input type="checkbox"/>	Employment Outcome	<input type="checkbox"/>
Achievement date	<input type="text"/> / <input type="text"/> / <input type="text"/> 20	Required if Completion status = 3							
Required if Outcome is achieved									

Provider's Signature _____

Date / / 20



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 / / 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
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