

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

Individualised Learner Record 2014/15 – 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		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)	<input type="checkbox"/>	LLDD & health problem type and code	D	S	<input type="checkbox"/>	And / Or	L	D	<input type="checkbox"/>	
Does the learner have any of the following? (tick those that apply)										
Learning Difficulty Assessment (LDA)	<input type="checkbox"/>	Does the learner need additional learning support? (ALS)	<input type="checkbox"/>							
Education Health Care Plan (EHC)	<input type="checkbox"/>	Is the learner a High Needs Student (HNS)	<input type="checkbox"/>							
Disabled Student Allowance (DLA)	<input type="checkbox"/>	Learning support cost £	<input type="checkbox"/>							

Prior attainment Level	<input type="checkbox"/>	Planned learning hours	<input type="checkbox"/>	Planned employability, enrichment, and pastoral hours	<input type="checkbox"/>	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)	<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
Maths GCSE achievement MGA	<input type="checkbox"/>	English GCSE achievement EGA	<input type="checkbox"/>	Free Meals Eligibility FME	<input type="checkbox"/>	Pupil Premium Funding Eligibility PPE			<input type="checkbox"/>						

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"/>
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Learner's names

Learner reference number

Single Individualised Learner Record 2014/15 – 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 <small>Complete where applicable</small>							
Is the learner self-employed	Employment Intensity Ind	Length of Unemployment	Length of Employment	Benefit Status Ind	Previous Education Ind	Risk of NEET	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> L O U <input type="checkbox"/>	<input type="checkbox"/> L O E <input type="checkbox"/>	<input type="checkbox"/> B S I <input type="checkbox"/>	<input type="checkbox"/> P E I <input type="checkbox"/>	<input type="checkbox"/> R O N <input type="checkbox"/>	

Updated Employment Status

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

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

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

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

Provider Specified Monitoring Information

Provider specified learner monitoring

ESF Destination Information

ESF Destination

Use code 95 in ESF Destination and update when a learner completes all learning.

Learner's names

Learner reference number

Individualised Learner Record 2014/15 – 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"/>				

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"/>
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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"/>	T B S	<input type="text"/>
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L D M	<input type="text"/>						
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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"/>
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Provider's Signature

Date / / 20

Learner's names

Learner reference number

Individualised Learner Record 2014/15 – 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="text"/>
Learning startdate	<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	Subcontracted or partnership UKPRN	<input type="text"/>	<input type="text"/>
Programme type	<input type="text"/>	Framework code	<input type="text"/>	Apprenticeship pathway	<input type="text"/>	Funding adjustment for prior learning	<input type="text"/>	Other funding adjustment	<input type="text"/>	<input type="text"/>

ESF Funding Information (only to be completed if the aim is ESF funded)ESF Agreement ID ESF Local project 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"/>	S P P	<input type="text"/>	S P P	<input type="text"/>						
W P P	<input type="text"/>	T B S	<input type="text"/>	P O D	<input type="text"/>						

Does the learner need learning support (LSF)? from / / 20 to / / 20 Is the learning aim financed by a 24+ Advanced Learning Loan? (Y/N) (ADL)

Is the learner in receipt of a 24+ Advanced Loans Bursary Fund? (ALB) from / / 20 to / / 20

Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields

Learning End InformationLearning actual end date / / 20Completion 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

Learner's names

Learner reference number

Single Individualised Learner Record 2014/15 – 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

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

Learner's Names

Learner reference number

Single Individualised Learner Record 2014/15 – 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	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							
Work Placement Start Date	/ / 20	Work Placement End Date	/ / 20	Work Placement Mode	<input type="checkbox"/>	Work Placement Employer Identifier	<input type="text"/>
<hr/>							