

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

Individualised Learner Record 2019/20 - 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	<input type="text"/> House No. / Name & Street	Suburb / Village		Sex (M / F)	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>
Current address lines 3 & 4	<input type="text"/> Town / City	County		Telephone number	<input type="text"/>		
Current postcode	<input type="text"/> [REDACTED]	Postcode prior to enrolment	<input type="text"/> [REDACTED]	National insurance number	<input type="text"/> / <input type="text"/>		
Email address	<input type="text"/>		Campus ID	<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 Level /

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"/>
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GCSE Maths qualification Grade <input type="text"/> / <input type="text"/>	GCSE English Qualification Grade <input type="text"/> / <input type="text"/>	Free Meals Eligibility FME <input type="checkbox"/>	Pupil Premium Funding Eligibility PPE <input type="checkbox"/> / <input type="checkbox"/>
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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 _____

I certify that the information contained on this form is correct

Date / / 20

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 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 2019/20**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 | | | |

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L O U | | |

L O E | | |

B S I | | |

P E I | | |

R O N | | |

Single Individualised Learner Record 2019/20 - Learner Data Capture Form – Provider Specified Monitoring Information

Provider Specified Learner Monitoring

Provider Specified Learner Monitoring

Learner's names

Learner reference number

Individualised Learner Record 2019/20 - 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"/>		Planned hours	<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"/>	D A M	<input type="text"/>	<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"/>
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L D M	<input type="text"/>						
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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"/>
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Provider Specified Delivery Monitoring Information

Provider specified delivery monitoring fields

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="checkbox"/>	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

Single Individualised Learner Record 2019/20 - 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
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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 2019/20 - Learner Details Data Capture Form - Learning Delivery Work Placement Details**Learning Delivery Work Placement Details**Work Placement
Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier Work Placement
Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier Work Placement
Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier Work Placement
Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier Work Placement
Start Date / / 20Work Placement
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Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier Work Placement
Start Date / / 20Work Placement
End Date / / 20Work Placement
Mode Work Placement
Employer Identifier