

# 2023-24 BOOTCAMPS ENROLMENT FORM

Unique Learner Number:

Funding: ☐ DFE ☐ GLA

## LEARNER PERSONAL DETAILS

Title:  First Name:  Surname:

Preferred Name:  Preferred Pronoun:

Previous Name (if applicable):

National Insurance Number:  Gender: ☐ Female ☐ Male ☐ Other ☐ Prefer not to say

Date of Birth:  How old are you on the 31<sup>st</sup> of Aug 2023? (*must be 19 +*):

Contact Number:  Email:

Home Address:

Postcode:  How long have you lived at this address?

Learners preferred contact method: ☐ Telephone ☐ Text ☐ Email ☐ Post ☐ Do not wish to be contacted

Do you consider yourself to be homeless or affected by housing exclusion? ☐ Y ☐ N

### Emergency contact details

Contact Name:  Relation:

Contact Number:

## RESIDENCY

### For All Learners

Are you currently living in England? ☐ Y ☐ N

How long have you lived in the UK/EU/EEA?

What is your nationality?  Are you/were you in the British armed forces? ☐ Y ☐ N

### Office Use Only – proof of address

Type of evidence seen:  Sign & Date:

### Non-UK / EU / EEA Citizens only

What country was your last place of residence?  Do you require a work permit? ☐ Y ☐ N

Residency Status in the UK:  Did you settle in the UK before 31/12/2020? ☐ Y ☐ N

### EU / EEA Citizens

Pre-settled status: ☐ Y ☐ N Settled status: ☐ Y ☐ N

Have details been confirmed on the Government website? ☐ Y ☐ N

### Office Use Only - proof of immigration status

Have you seen a copy of the evidence? ☐ Y ☐ N ☐ N/A Sign & Date:

Does the client's residency meet the residency criteria? ☐ Y ☐ N

Does the learner have permission to live in the UK for at least 12 months from the first day of learning? ☐ Y ☐ N

What evidence have you seen to confirm that the learner has permission to live in the UK:

## PROOF OF RIGHT TO WORK / LIVE IN ENGLAND

### Type of ID Provide

<input type="checkbox"/> Passport	Ref no.: (Last 3 digits)	Nationality on Passport:	Expiry date:
<input type="checkbox"/> Driving Licence	Ref no.: (Last 3 digits)	Nationality on Licence:	Expiry date:
<input type="checkbox"/> Birth Cert	Ref no.:	Other ID:	
<input type="checkbox"/> Residency permit	Ref no.:	Residency status:	

### Office Use Only

Have you seen a copy of the ID evidence? ☐ Y ☐ N

Sign & Date:

## ETHNICITY

### Asian/Asian British

- ☐ (39) Indian
- ☐ (40) Pakistani
- ☐ (41) Bangladeshi
- ☐ (42) Chinese
- ☐ (43) Any other Asian background

### Black/African/Caribbean/Black British

- ☐ (44) African
- ☐ (45) Caribbean
- ☐ (46) Any other Black/African/Caribbean background

### Mixed/Multiple ethnic group

- ☐ (35) White and Black Caribbean
- ☐ (36) White and Black African
- ☐ (37) White and Asian
- ☐ (38) Any other mixed/multiple ethnic background

### White

- ☐ (31) English / Welsh / Scottish / Northern Irish / British
- ☐ (32) Irish
- ☐ (33) Gypsy or Irish Traveller
- ☐ (34) Any other White background

### Other ethnic group

- ☐ (47) Arab
- ☐ (98) Any other ethnic group or
- ☐ Prefer not to say

## HIGHEST PRIOR ATTAINMENT

- ☐ **Entry level** (code 1)
- ☐ **Level 1** (code 2) GCSE/O Level (at grades D-G or fewer than 5 at grades A-C) CSE grade 2 and 3.
- ☐ **Level 2** (code 3) Vocational and technical qualifications at level 2 (not on the level 2 and level 3 legal entitlement list) Functional skills at level 2.
- ☐ **Full Level 2** (code 4) GCSE/O Level (5 or more GCSEs grades A\*-C or grade 4-9). 2 or 3 AS Levels, CSE Grade 1 (5 or more), 1 A Level.
- ☐ **Level 3** (code 5) Vocational and technical qualifications at level 3 (not on the level 2 and level 3 legal entitlement list)
- ☐ **Full Level 3** (code 6) A Levels (2 or more advanced level passes), 4 or more AS Levels (for AS qualifications regulated before 1 September 2015), QCF Diploma Level 3, NVQ level 3.
- ☐ **Level 4** (code 7) Certificates of higher education, QCF Award / Certificate / Diploma Level 4, HNC, RQF.
- ☐ **Level 5** (code 8) Foundation degrees, QCF Award / Certificate / Diploma Level 5, HND, RQF.
- ☐ **Level 6** (code 9) Bachelor's degrees, graduate certificates and diplomas, QCF Award / Certificate / Diploma Level 6, RQF.
- ☐ **Level 7 +** (code 10) Doctorates, Masters degrees, postgraduate certificates and diplomas, QCF Award / Certificate / Diploma Level 7 or 8, RQF.
- ☐ **No prior qualifications** (code 99)

Name of highest qualification:

Qualification title:

Do you have a GCSE Grade A\* - C or Grade 4 or above in English? ☐ Y ☐ N

Do you have a GCSE Grade A\* - C or Grade 4 or above in Maths? ☐ Y ☐ N

The information you declare in this section will be checked against your Personal Learning Record (PLR) on the Learning Record Service (LRS).

## Office Use Only

Has the PLR been used to confirm grades? ☐ Y ☐ N

Where did the applicant hear about the course?

Are you undertaking any other courses? ☐ Y ☐ N

If yes, please specify:

Have you done an Apprenticeship before? ☐ Y ☐ N

Are you attending this bootcamp via your current employer? ☐ Y ☐ N

Do you plan to work alongside the bootcamp? ☐ Y ☐ N

If yes, will this be full-time or part-time?

Have you undertaken a bootcamp previously? ☐ Y ☐ N (if you have ticked 'Y', please fill in the below)

When did this bootcamp take place:

Which bootcamp did you enroll on:

Who was the provider:

What date did you finished this bootcamp:

## EMPLOYMENT STATUS

### Unemployment Status

☐ Not in paid employment, actively seeking employment/available to start work & claiming a benefit. (11)

☐ Not in paid employment, actively seeking employment/available to start work & not claiming. (11) (economically inactive)

☐ Not in paid employment, not looking for work & claiming a benefit. (12)

☐ Not in paid employment and not looking for work & not claiming a benefit. (12) (economically inactive)

### Length of Unemployment

☐ Less than 6 months ☐ 6-11 months

☐ 12-23 months ☐ 24-35 months

☐ Over 36 months

**Employed Status** – if employed, please also complete the low wage section.

☐ In paid employment – 0-10 hours per week.

☐ In paid employment – 11-20 hours per week.

☐ In paid employment – 21-30 hours per week.

☐ In paid employment – 31 hours or more per week.

### Length of Employment

☐ Up to 3 months ☐ 4-6 months

☐ 12+ months ☐ 7-12 months

Are you self-employed? ☐ Y ☐ N

Are you at risk of being made redundant? ☐ Y ☐ N

### For Employed Learner Only:

Employer Organisation Name:

Employer Organisation Address:

Employer Organisation Postcode:

Industry Type:

Current Role:

Contracted Hours:

Current Salary:

Type of Income Figure:

**Unemployed only - please confirm most recent occupation:**

- |   |  |
|---|--|
| <input type="checkbox"/> Major Group                                      | <input type="checkbox"/> Skilled trades occupations                    |
| <input type="checkbox"/> Managers, directors and senior officials         | <input type="checkbox"/> Caring, leisure and other service occupations |
| <input type="checkbox"/> Professional occupations                         | <input type="checkbox"/> Sales and customer service occupations        |
| <input type="checkbox"/> Associate professional and technical occupations | <input type="checkbox"/> Process, plant and machine operatives         |
| <input type="checkbox"/> Administrative and secretarial occupations       | <input type="checkbox"/> Elementary occupations                        |

**Unemployed only – please confirm industry/sector of most recent occupation:**

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, forestry and fishing                                   | <input type="checkbox"/> Manufacturing                                     |
| <input type="checkbox"/> Mining and Quarrying  | <input type="checkbox"/> Information and communication                     |
| <input type="checkbox"/> Electricity, gas, steam and air conditioning supply                 | <input type="checkbox"/> Financial and insurance activities                |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Real estate activities                            |
| <input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles                | <input type="checkbox"/> Professional, scientific and technical activities |
| <input type="checkbox"/> Transportation and storage  | <input type="checkbox"/> Administrative and support service activities     |
| <input type="checkbox"/> Water Supply, sewerage, waste management and remediation activities | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Arts, entertainment and recreation                                  | <input type="checkbox"/> Human health and social work activities           |
|  | <input type="checkbox"/> Other service activities (Please specify below)   |

**Are you claiming any benefits?** ☐ Y ☐ N (if yes, please tick which one)

☐ Job Seekers Allowance (BSI1) ☐ Employment & Support Allowance (all categories) (BSI5)

☐ Universal Credit (BSI4) ☐ Other State Benefits (BSI6)

**If you are unemployed and not claiming a benefit, please tell us how you are supporting yourself in the box below?**

**Office Use Only - proof of benefit**

If on Universal Credit, I confirm that the take-home pay as recorded on my UC statement is less than £617 for a sole adult or £988 for a joint claim per month ☐ Yes ☐ No ☐ N/A

If claiming other state benefit (not included in the list above), I confirm that the take-home pay (disregarding UC payment and other benefits) is less than £617 for a sole adult or £988 joint claim per month ☐ Yes ☐ No ☐ N/A

Detail the type of benefit provided:

Sign & date:

**Office Use Only - Full Funding Indicator:** ☐ Fully Funded ☐ Co Funded

**Do you consider yourself to have any disabilities, health problems or learning difficulties?** ☐ Y ☐ N

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (4) Visual impairment               | <input type="checkbox"/> (12) Dyslexia                                       | <input type="checkbox"/> (93) Other physical disability                                  |
| <input type="checkbox"/> (5) Hearing impairment              | <input type="checkbox"/> (13) Dyscalculia                                    | <input type="checkbox"/> (94) Other specific learning difficulty (e.g., dyspraxia)       |
| <input type="checkbox"/> (6) Disability affecting mobility   | <input type="checkbox"/> (14) Autism spectrum disorder                       | <input type="checkbox"/> (95) Other medical condition (e.g., epilepsy, asthma, diabetes) |
| <input type="checkbox"/> (7) Profound complex disabilities   | <input type="checkbox"/> (15) Asperger's syndrome                            | <input type="checkbox"/> (96) Other learning difficulty                                  |
| <input type="checkbox"/> (8) Social & emotional difficulties | <input type="checkbox"/> (16) Temporary disability after illness or accident | <input type="checkbox"/> (97) Other disability   |
| <input type="checkbox"/> (9) Mental health difficulty        | <input type="checkbox"/> (17) Speech, Language & Communication Needs         | <input type="checkbox"/> (98) Prefer not to say  |
| <input type="checkbox"/> (10) Moderate learning difficulties |  |  |
| <input type="checkbox"/> (11) Severe learning difficulties   |  |  |

If you have ticked more than one above, please indicate which is your primary

If you have ticked any of the above, please provide details, including any support you may need.

Are you taking any medication at the moment? ☐ Y ☐ N

Do you have any allergies? (If you answered yes, please provide details below) ☐ Y ☐ N

**Do you have any criminal offences?** ☐ Y ☐ N

If yes, what is the nature of offence: ☐ Criminal ☐ Emotional Abuse ☐ Financial Abuse ☐ Neglect ☐ Physical Abuse ☐ Sexual Abuse

Please give more details of the nature of offence (i.e., assault, drug related, driving offence, etc.)

**Are you currently under the supervision of any of the following?** ☐ Y ☐ N

- ☐ Support worker ☐ Probation officer ☐ Social worker ☐ Welfare office
- ☐ Other

Name of supervision: Contact number:

Email address:

**Do you have any caring responsibilities for children or other adults?** ☐ Y ☐ N

**Type of caring responsibility:** ☐ Caring for child/ children ☐ Caring for adult(s) ☐ Caring for adult(s) and child/ children

## STUDENT STATEMENT & DECLARATION

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I confirm all the information provided above is correct.

I understand that Just IT has the right to cancel my enrolment if it is found that I have provided false or inaccurate information.

I am also aware of the Education and Skills Funding Agency complaints procedure which can be found at the following link:

[www.gov.uk/government/publications/sfa-complaints-procedure-about-providers](http://www.gov.uk/government/publications/sfa-complaints-procedure-about-providers).

I confirm that I have received information, advice and guidance concerning the Skills Bootcamp delivered by Just IT. This included information about the course, its entry requirements, the expected workload of the course, number of guided learning hours (both taught and self-learning) and the support\* available to me.

*\*For example, using a coaching and mentoring approach, from programme application stage, during, and post programme, to move people into jobs/new roles and opportunities. This should include upfront screening of applicants, soft skills (or work readiness) training to support the occupational skills training, vacancy/role/opportunity identification, providing pastoral services to help participants complete the Skills Bootcamp and follow-up services to participants and employers to support job placement mentorship, pastoral support) and high-quality advice and guidance to support the learner into a positive employment outcome (for example, CV writing support, mock interview).*

I am clear what I will achieve by completing this Skills Bootcamp and agree to attend an interview with an employer (for a job using relevant skills gained from the Skills Bootcamp) arranged for me by Just IT unless I am self-employed, or learning with the support of my existing employer and they are contributing to the cost).

I confirm this Skills Bootcamp is the only one I am currently enrolled on.

I also agree with the below points relating to my chosen programme:

I will:

- Take appropriate responsibility for my own learning, development and progression.
- Attend and participate in the training required to successfully complete the Skills Bootcamp.
- Promptly inform Just IT and employer if applicable, if any matters or issues arise, or might arise, that will, or may, affect my learning, development and progression.
- Respond to and engage with follow-up communications from Just IT following completion of the training component of a Skills Bootcamp, and during the next six months, to record progression as a result of the course.
- Take responsibility to share evidence requested by Just IT to allow Just IT to prove the effectiveness of this Skills Bootcamp to DfE.

### Marketing Policy

From time to time, we would like to contact you with course information, news and offers which we think you might find useful. Please tick any of the following boxes if you want to be contacted:

☐ By post ☐ By email ☐ By text/SMS ☐ By mobile ☐ Do not want to be contacted

### Data Protection Act

Just IT will need to share your details, like your CV, with potential employers, qualification bodies and other associations that deliver training on our behalf. As a provider we have a duty to ensure that your health & safety requirements are addressed. In order for this to happen it may be necessary for some or all of the content of this document to be passed to authorised agencies. We will not pass your personal information or disclosures onto external agencies, without your permission, unless we believe you or someone else is at risk.

### Audio/Video Consent

Just IT is registered under the Data Protection Act. Just IT processes and retains data in accordance with its registration and the current legislation. We need your consent to appear in audio/video recorded assessments, support visits and Progress Reviews carried out by Just IT for the purposes of assessment and training. Occasionally we may take photos of learners for promotional reasons, company communications or our website. We may also make videos or take photos to help train learners. At no point do we want learner safety or privacy to be compromised so we will not take or use photographs or video of learners if we do not have prior consent.

☐ I agree to photos/videos being taken of me for company use

☐ I agree to be on webcam for the duration of my class and for it to be recorded for the purposes of safeguarding, quality, training and review

### Personal Learner Record

The information you supply will be used by the Department for Education (DfE), to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on: [www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents](http://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents)

☐ I wish for my PLR to be shared ☐ I wish for my PLR not to be shared

## PRIVACY NOTICE

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Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. You can agree to be contacted for other purposes by ticking any of the following boxes about our courses or learning opportunities.

Please tick any of the following boxes if you wish to be contacted about:

- ☐ Courses & Learning Opportunities  
☐ Surveys & Research

I would like to be contacted by:

- ☐ Post ☐ Phone ☐ E-mail

Just IT needs to collect, use and share personal information about its learners and candidates in order to deliver services, exercise its responsibilities and duties of care as a provider of education and fulfil its legal and contractual obligations. In doing so Just IT must comply with the UK Data Protection Act, 1998, GDPR, 2018, and equivalent legislation. These laws requires Just IT to protect personal information and control how it is used in accordance with the legal rights of the data subjects – the individuals whose personal data is held.

You can read Just IT full privacy policy here: <https://www.justit.co.uk/privacy-policy>

## SUBCONTRACTING – OFFICE USE ONLY

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Subcontractor Provider:					
Address:					
Postcode:		UKPRN:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Contact:			Contact Number:		
Email Address:					

## SIGN OF STATEMENT

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### Learner Declaration

I can confirm that all the information provided on this document is accurate and true.

Learner Name:	
Learner Signature:	
Date:	

### Provider Declaration

I can confirm that the learner is eligible for funding.

Provider Name:	
Provider Signature:	
Date:	

# 2023-24 BOOTCAMPS ILP

## PROGRAMME DETAILS

Learner Full Name:

Programme Title:

Programme Start Date:  Programme Planned End Date:

Number of Weeks on Programme:

Programme Delivery Type: ☐ Online Classroom

## INITIAL ASSESSMENT RESULTS

English Initial Assessment Results:	<input type="text"/>	Date Taken:	<input type="text"/>
Maths Initial Assessment Results:	<input type="text"/>	Date Taken:	<input type="text"/>
Digital Skills Scan Results:	<input type="text"/>	Date Taken:	<input type="text"/>

Support requirements - include anything that may cause the learner any difficulty or limit their time during learning



## ABOUT THE LEARNER

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What are you hoping to gain when you complete this course? (Gain employment, skills / knowledge etc.)

What are your career aspirations?

Please tell us about your employment history and what sectors you've worked in:

What skills & knowledge did you learn in your previous employment?

What do you think are your areas for development, and what do you need support with or need to develop further?

Overview of the bootcamp (to include commitment and GLH)

Destination Expectations:

CONFIRMATION OF THE CONTENTS OF THE LEARNING PLAN

- ☐ I confirm that the components of my learning plan have been explained to me in detail
- ☐ I confirm I agree to the activities set out in my learning plan
- ☐ I also understand that the remaining sections of the plan will contain evidence of ongoing reviews and assessments of my own training/support requirements, these reviews will take place regularly
- ☐ I understand I have unrestricted access to my training records, and I am aware of the whereabouts of this record

SIGN OF STATEMENT

<p>Learner declaration</p> <ul style="list-style-type: none"><li>• I agree that all the information I have provided is correct.</li><li>• I agree to undertake the learning outlined in the Individual Learning Plan above.</li></ul>	<p>Provider declaration</p> <ul style="list-style-type: none"><li>• I have seen evidence to verify the learner identity and relevant eligibility for this qualification/funding.</li><li>• the learner is eligible for funding.</li></ul>
<p>Learner Name:</p>	<p>Provider Name:</p>
<p>Learner Signature:</p>	<p>Provider Signature:</p>
<p>Date:</p>	<p>Date:</p>