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| **Part 1 – Key Information (Please print clearly)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S9 Ref Number | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Provider Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider / Centre: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Delivery Post Code: | | | | | | | | | | | | | | | . | | | | | | | |
| Programme Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | ULN: | | | | | | | | | | | | | | | . | | | | | | | |
| **Learner Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Mr Mrs Miss Ms Other: | | | | | | | | | | | | | | | | | | Gender: | | | | | Male | | | | | | Female | | | | Gender (Identifies As) | | | | | | | | Date of Birth …………………. | | | | | | | | | | | | | | |
| First Name: | | |  | | | | | | | | | | | | | | | | | | | | | | Family/Surname: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Middle Names: | | |  | | | | | | | | | | | | | | | | | | | | | | Preferred Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number: | | | | | | | | | | | |  | | | | | | | | | | | | | Age at Start Date: | | | | | | | |  | | | | | | Age at 31st Aug: | | | | | | | | | | | | | |  | | |
| Address Line 1: | | |  | | | | | | | | | | | | | | | | | | | | | | Home Tel No: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | |  | | | | | | | | | | | | | | | | | | | | | | Mobile Tel No: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Town: | | |  | | | | | | | | | | | | | | | | | | | | | | Email address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| County: | | |  | | | | | | | | | | | | | | | | | | | | | | Post Code | | | | | | | |  | | | | | | | | | Years at Address: | | | | | | | | | | | | |  |
| **Emergency Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | | |  | | | | | | | | | | | | | | | Surname: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to Learner: | | | | | | | | | |  | | | | | | | | | | | | | | | Mobile/Home No: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Health Condition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to have a disability, long term health problem or learning difficulty? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | No | | | | | | |
| If you have ticked yes to the answer above, please tick the most appropriate box(es) below. We may be able to signpost you to organisations who offer additional specialist support while on the course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disability/Health Problem** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Vision impairment | | | | | | | | | | | | | | | | Profound complex disabilities | | | | | | | | | | | | | | | | | | | | | Asperger’s syndrome | | | | | | | | | | | | | | | | | | |
| Hearing impairment | | | | | | | | | | | | | | | | Social and emotional difficulties | | | | | | | | | | | | | | | | | | | | | Disability affecting mobility | | | | | | | | | | | | | | | | | | |
| Other physical disability | | | | | | | | | | | | | | | | Speech, language, and communication needs | | | | | | | | | | | | | | | | | | | | | Mental health difficulty | | | | | | | | | | | | | | | | | | |
| Other disabilities | | | | | | | | | | | | | | | | Temporary disability after illness (for example post-viral) or accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other medical condition (for example epilepsy, asthma, diabetes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Learning Difficulty** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Moderate learning difficulty | | | | | | | | | | | | | | | | Autism spectrum disorder | | | | | | | | | | | | | | | | | | | | | Dyslexia | | | | | | | | | | | | | | | | | | |
| Severe learning difficulty | | | | | | | | | | | | | | | | Dyscalculia | | | | | | | | | | | | | | | | | | | | | Other specific learning difficulty | | | | | | | | | | | | | | | | | | |
| Other learning difficulty | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Which one of the above do you consider to be your **Primary Health or Learning Difficulty**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Do you have /have you ever had Education Health Care Plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | |
| If Yes, please provide the Local Council it was Issued by: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group (Please tick the most appropriate box)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | **Mixed / Multiple ethnic group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English / Welsh / Scottish / Northern Irish / British (31) | | | | | | | | | | | | | | | | | | | | | | | | | | White and Black Caribbean (35) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irish (32) | | | | | | | | | | | | | | | | | | | | | | | | | | White and Black African (36) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gypsy or Irish Traveller (33) | | | | | | | | | | | | | | | | | | | | | | | | | | White and Asian (37) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other White background (34) | | | | | | | | | | | | | | | | | | | | | | | | | | Any other Mixed / multiple ethnic background (38) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian / Asian British** | | | | | | | | | | | | | | | | | | | | | | | | | | **Black / African / Caribbean / Black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indian (39) | | | | | | | | | | | | | | | | | | | | | | | | | | African (44) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pakistani (40) | | | | | | | | | | | | | | | | | | | | | | | | | | Caribbean (45) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bangladeshi (41) | | | | | | | | | | | | | | | | | | | | | | | | | | Any other Black / African / Caribbeanbackground (46) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chinese (42) | | | | | | | | | | | | | | | | | | | | | | | | | | **Other ethnic group** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other Asian background (43) | | | | | | | | | | | | | | | | | | | | | | | | | | Arab (47) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Any other ethnic group (98) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Not Provided (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 2 - Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | In paid employment – (please complete employer details section below) – (10)  Not in paid employment, looking for work and available to start work (please complete the unemployment section) – (11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently in education or training? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | No | | | | | | |
| Details of last or current education or training programme | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date left last education | | | | | | | | | |  | | | | | | | | | | | |
| **EMPLOYED** (where applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you Self Employed? | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | | | | |
| **Company Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | |  | | | | | | | | | | | | | | | | | | | | Company Registration Number: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Site Name: | | | |  | | | | | | | | | | | | | | | | | | | | Company Primary Standard Industry Code(SIC): | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Address Line 1: | | | |  | | | | | | | | | | | | | | | | | | | | Is this the registered company Address?: | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Address Line 2: | | | | |  | | | | | | | | | | | | | | | | | | | Company Size: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Address Line 3: | | | | |  | | | | | | | | | | | | | | | | | | | Number of Employees at Site: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Town: | | | | |  | | | | | | | | | | | | | | | | | | | Site EDRS/ERN Number: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| County: | | | | |  | | | | | | | | | | | | | | | | | | | Post Code: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Employment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Job Title: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Employment Start Date: | | | | | | | | | | | | | | | |  | | | | | | | | |
| Job Role: | Administration | | | | | | | | | | | | Specialist | | | | Technical/Digital | | | | | | | | | | | Managerial | | | | | | | | | | Supervisor | | | | | | | | | | | Assistant | | | | | | |
|  | Professional | | | | | | | | | | | | Labourer | | | | Operative | | | | | | | | | | | Other (please specify) | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Hours of work per week: | | | | | | | | | | | 0 – 10 | | | | | | | | | | 11 – 20 | | | | | | | | | | | 21 – 30 | | | | | | | | | | | | | | 31 + | | | | | | | | | |
| Length of employment | | | | | | | | | | | Up to 3 months | | | | | | | | | | 4-6 months | | | | | | | | | | | 7-12 months | | | | | | | | | | | | | | More than 12 months | | | | | | | | | |
| Line Manager Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Line Manager contact number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **UNEMPLOYED** (where applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Length of unemployment** – How long have you been unemployed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less than 6 months | | | | | | | | | 6-11 months | | | | | | | | | | | 12-23 months | | | | | | | | | | 24-35 months | | | | | | | | | | | | | | | 36 months or more | | | | | | | | | | |
| **Current Benefit Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you curretly on any benefits? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | |
| Job Seekers Allowance (JSA) | | | | | | | | | | | | | | | | | | | | | | | | | | Employment and Support Allowance (all categories) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Universal Credit | | | | | | | | | | | | | | | | | | | | | | | | | | Other state benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability Living Allowance | | | | | | | | | | | | | | | Yes | | | | No | | | | | | | Personal Independence Payments | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | |
| **Job Centre Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | | | | | | | | | | | | | | | | Advisor’s Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| **Part 3 – External Support Agencies contact or a Tutor/Head of Year from previous education** | | | | | | | | | | | |
| Contract Name: |  | | | | Organisation Name: | |  | | | | |
| Contract Number: |  | | | | Address: | |  | | | | |
| Email Address: |  | | | | Postcode | | | | |  | |
| Notes: | | | | | | | | | | | |
| **Part 4 – Education** | | | | | | | | | | | |
| **Please list any past qualifications you have achieved:**  (You will need to provide your exam certificates or statement of results from education institution) | | | | | | | | | | | |
| **Subject** | | | **Date awarded** | **Level** | **Subject** | | | | **Date awarded** | | **Level** |
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| **Please tick appropriate box below if grade C or above already achieved in GCSE English and/or Maths** | | | | | | | | | | | |
| GCSE Maths (at grade A\*-C / 4-9) achieved by end of Year 11 | | | | | | GCSE English (at grade A\*-C / 4-9) achieved by end of Year 11 | | | | | |
| GCSE Maths (at grade A\*-C / 4-9) achieved since end of Year 11 | | | | | | GCSE English (at grade A\*-C / 4-9) achieved since end of Year 11 | | | | | |
| GCSE Maths (at grade A\*-C / 4-9) not yet achieved | | | | | | GCSE English (at grade A\*-C / 4-9) not yet achieved | | | | | |
| **Prior attainment level –** Highest Education Level achieved so far | | | | | | | | | | | |
| Entry level | | Full level 2 | | | | Level 5 | | No qualifications | | | |
| Other qualifications below level 1 | | Full level 3 | | | | Level 6 | | Other qualification, level not known | | | |
| Level 1 | | Level 4 | | | | Level 7 and above | | Not known | | | |

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| **Part 5 - Household Situation** | | | | |
| Please tick which of the following statements apply (one or more may apply): | | | | |
| (HHS01) - No member of the household in which I live (including myself) is employed | | | | |
| (HHS02) - The household that I live in includes only one adult (aged 18 or over) | | | | |
| (HHS03) - There are 1 or more dependent children (aged 0-17 years / 18-24 years if full time student or inactive) in the household | | | | |
| (HHS98) - I confirm that I wish to withhold this information | | | | |
| (HHS99) - None of these statements apply | | | | |
| Are you a Lone Parent? | Yes | | No | |
| Have you ever been in receipt of Free School Meals? | Yes | | No | |
| Have you ever been awarded the Bursary Fund? | Yes | | No | |
| If yes, did you receive the full or partial bursary award? | Vulnerable | Discretionary | | I don’t know |
| Are you in care or a care leaver? | Not Applicable | In care | | A care leaver |

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| **Part 6 – Contact Preferences** | | | |
| During your time on programme Skills Training UK, its sub-contractors and core 3rd party organisations such as funding bodies and support services has a contractual obligation to your progress and welbeing on programme and for a set period based on the programme after completion. As such all above reserve the right to contact anyone listed on this form to carry out those obligations.  In addition we may wish to contact you for the following reason please tick appropriate to confirm your consent to be contacted: | | | |
| You can agree to be contacted for other purposes by ticking any of the following boxes: | | | |
| About courses or learning opportunities | | For surveys and research | |
| Preferred method of contact: | | | |
| By post | By phone | | By email |

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| **Part 7 – Eligibility** - must be completed in full | | | | | | | | | | |
| How long you have been living in the UK (years)? | | | | | |  | | | | |
| **Please tick one of the following three categories and note down the ID number and type in the section below** | | | | | | | | | | |
| **British Citizen:** | |  | **European Union Citizen:** | | | |  | **Citizen from outside the UK and EU:** | | |
| If you don’t have your birth certificate, we need to see your current United Kingdom of Great Britain and Northern Ireland Passport | |  | Your current Passport from your country of origin within the EU/EEA | | | |  | Your Home Office documentation/ Passport stamped with one of the following:   1. *Indefinite Leave to Enter/Remain* 2. *Right of Abode* 3. *Refugee Status* 4. *Humanitarian Protection* 5. *Discretionary Leave* 6. *Exceptional Leave to Enter/Remain* | | |
| If you don’t have a passport we will need to see your Birth Certificate or another identification which confirms your citizenship and date of birth | |  | If you don’t have a passport we need to see your Identification card or other suitable document | | | |  |  | | |
| We will also need you to confirm your National Insurance number | |  | We will also need you to confirm your National Insurance number | | | |  | We will also need you to confirm your National Insurance number | | |
| **ID Type:** |  | | **ID Number:** | |  | | | **Country of Origin:** | |  |
| **ID Issue Date:  (if applicable)** |  | | **ID Expiry Date: (if applicable)** | |  | | | **Home Office Status:** | |  |
| **Evidence** (Training provider to complete) | | | | | | | | | | |
| According to the ESFA, ESF, and Develoved Area’s data evidence requirements, proof must be obtained to evidence that:   * All Programme   + The participant is legally able to reside in the UK (and work in the UK) during the period of support; * ESF and Devolved Areas   + The participant is residing in the area the support is intended for   + The project’s eligibility criteria are met (the entry conditions that individuals or entities must meet to qualify for support). | | | | | | | | | | |
| **All Programmes (all must be ticked)** | | | | **Programmes Specific** | | | | | **ESF Programme Specific** | |
| Proof of Age | | | | Proof of Address (required) | | | | | Risk of NEET | |
| Able to/Residing in the UK | | | | Not in Education or Training (required) | | | | | Under threat of or recent redundancy | |
| Eligible to Work in UK | | | | Not in Paid Employment | | | | |  | |
|  | | | | OR | | | | |  | |
|  | | | | Employment Evidence | | | | |  | |
| **Evidence Provided** – must be filled in to specify evidence seen for the above eligibility criteria | | | | | | | | | | |
|  | | | | | | | | | | |
| **Provider’s Justification** – if any preferred evidence is not available this must be filled in by the provider | | | | | | | | | | |
| Where no preferred evidence available, alternative evidence must be sought.  Where satisfied with the alternative evidence, document the justification for proceeding with the enrolment to include:   * Credible reasons why the participant does not have any preferred evidence available. * Steps undertaken by the provider to obtain the preferred evidence. * List alternative items and explain how they provide persuasive evidence that the participant meets the programme eligibility criteria. | | | | | | | | | | |
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| **Part 8 – Declaration** | | | |
| Skills Training UK is the prime contractor for this programme and can subcontract services to the sub-contractor stated on this form where applicable. Skills Training UK collects and uses Personal data and Sensitive Personal data, for example about its’ staff and service users, to fulfil its’ purpose and to meet its’ statutory obligations. Skills Training UK recognises that Personal data and Sensitive Personal data is the property of the individual and it regards the lawful and correct treatment of personal data as very important. To this end, Skills Training UK fully supports and adheres to the Eight Principles of Data Protection as set out in the Data Protection Act, and the General Data Protection Regulation (GDPR).  The personal information you provide is passed to the Education and Skills Funding Agency (ESFA), and Department for Education (DfE). Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique Learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.  The information you provide may be shared with other organisations for education, training and employment–related purposes, including for research.  The ESFA is a European Social Fund (ESF) Co-Financing Organisation, and it may use your information to enable them to access ESF funds. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.  You may also be contacted after you have completed the programme of learning to establish whether you have entered employment or gone onto further education.  Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:  <https://www.gov.uk/government/publications/esfa-privacy-notice>  You can agree to be contacted for other purposes by ticking any of the following boxes:  🔾 About courses or learning opportunities 🔾 For surveys and research  Preferred method of contact:  🔾 By post 🔾 By phone 🔾 By email | | | |
| **Learner Declaration** | | | |
| I confirm that the information given on this form is correct to the best of my knowledge. I can also confirm that I understand the above information and my responsibilities under the programme. As part of my induction onto the programme I have been informed and understand that the activity delivered by the provider named on this form is funded by the European Social Fund, Education and Skills Funding Agency and devolved area funding organisation.  I give permission for Skills Training UK and sub-contractor stated on this form to contact my future employer or FE college/training provider to confirm my employment or training status. I hereby grant Skills Training UK, the sub-contractor stated on this form, the Education and Skills Funding Agency to process my personal data for the purpose of determining eligibility for the programme and monitoring purposes; details of which are attached to this declaration.  I understand my personal data may also be used identify third party support where necessary. I am aware that I can ask for my consent to be withdrawn at any time by using Data Subject Consent Withdrawal Form, which can be obtained from Skills Training UK staff.  I consent to my parent/legal guardian/representative to be contacted throughout the duration of the course by St Edmunds Society staff if there are concerns around my attendance, behaviour or wellbeing.  Please tick the following box if you do not wish to consent to staff contacting your parent/legal guardian/representative 🔾 | | | |
| **Learner Name:** |  | | |
| **Signature:** |  | **Date:** |  |
| **Provider Declaration** | | | |
| I confirm that the information on this form is correct and I declare that I have supported the Learner with the completion of this document and to the best of my knowledge from the information given the above-named person is eligible for the programme  **I confirm the original documents have been provided and seen to confirm eligibility.** | | | |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |
| **THIS FORM MUST BE SIGNED ON THE PROGRAMME START DATE** | | | |