







SCG20: Participant Enrolment Form

For participants and project staff to complete.

The Education & Skills Funding Agency (ESFA), the European Social Fund (ESF) and SEMLEP provides funding through this programme to help participants who are not in education, employment or training and at risk of long-term disengagement, to move into education, training or employment and to sustain this outcome. In order to qualify for support, this form must be completed before any activities are undertaken as part of the project.

This is to be completed by project staff once the participant's eligibility has been confirmed.					
Organisation Name					
Project Name					
Project Reference			Learr No:	ner Reference	
Learner Information - I	Please complete in	BLOCK C	APITA	LS	
Title (Mr, Mrs, Miss, Ms)	Male	Female		NI Number:	
Forename(s):				of Birth MM/YYYY)	
Surname:			Previous Surname:		
Address:				Postcode:	
Previous Addresses (including postcodes)	1.			2.	
Telephone Number:			Uniqu	ue Learning No:	
Email:					
Emergency contact name and telephone number:					
					_
Eligibility Document:					









Eligibility Declarat	ion (to be completed	by th	ne Pa	rticipant)		Ti	ck
I am aged 16 - 18 y and at risk of leavin	ears, still at school and g education	d dise	ngag	ed from regular ti	metabled learning		
I am aged 16 - 18 y	ears old and not in Ed	lucatio	on, Er	mployment or Tra	ining	[
I am aged 19 – 24 y	ears old and not in Ec	ducation	on, E	mployment or Tra	aining		
I live in the South East Midlands and I am a legal resident of the UK.							
I will be actively see completion of this p	eking Re-Education, Ed	ducati	ion, E	Employment, Trair	ning during and on	[
I agree to complete all necessary paperwork to evidence that I have moved into Re- Education, Education, Employment or Training during or on completion of this programme. This includes consent for SEMLEP to contact my employer, education institution, training provider to verify my progression.							
	y personal details, and artners, for them to su			•			
	aware that the Europea EP have funded this pr			und, the Education	on & Skills Funding	[
Evidence of eligibility to live and work in the UK							
□ Passport Issue Country Valid to date							
☐ Passport or national identity card (of a European Economic Area Country or Switzerland)							
Issue Country					Valid to date		
□ Visa / Restriction (if applicable) – Please include details							
☐ Birth Certificate certificate	or adoption Is	ssue	Cour	ntry			
· · · · · · · · · · · · · · · · · · ·							
Learner's Ethnicity – please tick							
31 - English/Welsh/Scottish/Northern Irish ⊠ 41 - Bangladeshi							
32 - Irish				42 - Chinese			
33 - Gypsy or Irish Traveller				•	Asian background		
34 - Any other White background				44 - African			
35 - White and Black Caribbean							
36 - White and Black African				46 - Any other E	Black/African/Caribbe	ean	









37 - White and Asian		☐ 47 - Arab		
38 - Any other mixed/multiple ethnic background		□ 98 - Any other ethnic group		
00 1 11		99 - Not Provided		
40 - Pakistani	[
Learning difficulties and disabilities				
Do you consider yourself to have any of the	follo	owing? □ Yes □ No)	
If Yes, please tick one or more of the follow	ing b	ooxes:		
Disability - DS		Learning Difficulty - LD		
4 - Visual Impairment		15 - Asperger's Syndrome		
5 - Hearing Impairment		16 - Temporary disability after illness or accident		
6 - Disability affecting Mobility		17 - Speech, Language and Communication Needs		
7 - Profound Complex Disabilities		93 - Other Physical disability		
8 - Social and Emotional Difficulties		94 - Other specific learning difficulty (e.g. Dyspraxia)		
9 - Mental Health Difficulty		95 - Other medical condition (e.g. epilepsy, asthma, diabetes		
10 - Moderate Learning Difficulty		96 - Other Learning Difficulty		
11 - Severe Learning Difficulty		97 - Other Disability		
12 - Dyslexia		98 - Prefer not to say		
13 - Dyscalculia		99 - Not provided		
14 - Autism Spectrum Disorder				
Which of the ABOVE learning disability, learning difficulty or health problem do you consider to be your main disability, learning difficulty or health problem:				
Do you have a Health and Care Plan? ☐ Yes			□No	
Do you have a Learning Disability/Difficult A	ssment? LLDD	□No		
Do you consider yourself to require any sup	? □ Yes □	□No		
If Yes, what support do you require?				









Your Education - Prior Attainment Tick one option below for the highest level of education or qualification you currently hold:						
	ntry Leve			11 - Level 5	ly fiola.	
7 - O	ther qua	lifications below Level 1		12 - Level 6		
(GCSE		CSE D-G)		13 - Level 7 and above		
	•	2 (5 or more GCSEs A-C)		97 - Other qualification, level not known	ot	
3 - Fu	ıll Level	3 (2 or more A levels)		98 - Not known		
10 -	Level 4			99 - No qualifications		
used by the Further Education Choices. Restricted use indicator (RUI) / Preferred method of contact (PMC) This information will be used to evaluate this project and to report to the Education and Skills Funding Agency and European Social Fund for monitoring purposes. The participant may be contacted to discuss their involvement in the project.						
RUI Or PMC	ESF Code	SF Definition Tick to				
RUI						
RUI	II 6 Learner agrees to be contacted about courses or learning opportunities					
RUI	RUI 7 Learner agrees to be contacted for survey and research					
PMC	PMC 4 Learner agrees to be contacted by post					
PMC	PMC 5 Learner agrees to be contacted by telephone □ PMC 6 Learner agrees to be contacted by e-mail □					
PMC						
 Employment Status Unemployed means the participant is currently looking for work and may be receiving unemployment benefits of some kind 						

Economically inactive means the participant is <u>not</u> currently looking for work

Please tick how long you have been out of work

Please tick one category









☐ Unemployed	☐ Less than 6 months	☐ Between 6 – 11 months			
☐ Economically Inactive	☐ 12-23 months	☐ Between 24 – 35 months			
	☐ Over 36 months				
Please provide one item of evidence from the list below. You must show an original copy Tick one box below to confirm the item of evidence provided:					
Unemployed evidence:					
and Pensions or Jobcentre F ☐ If the participant is unemploy third party that has been ass	and Pensions or Jobcentre Plus confirming this, e.g. JSA or new style JSA claims award				
Economically inactive evidence:					
doctor's letter, entitlement to educational establishment. ☐ If the participant is economic as correspondence from DW ☐ Referral evidence from a 3 rd	doctor's letter, entitlement to state retirement pension letter, or correspondence from an educational establishment. If the participant is economically inactive, evidence of being in receipt of new style ESA (such as correspondence from DWP) Referral evidence from a 3 rd party				
Every effort should be made to collect evidence that the participant is economically inactive. If you are unable to provide evidence that you are economically inactive, the project officer will need to obtain and verify a referral from a credible partner. If this is not possible, the project officer may consider credible alternative documents (expired, incomplete, combination of documents not listed as preferred evidence). Form SCG21 should be completed by the participant and the project officer to document why the evidence is not available and that the alternative documents are credible.					
Were you in education or training prior to enrolment? ☐ Yes ☐ No					
If yes, please include details of the course, educational institution or provider:					
Are you currently claiming any benefits? □ Yes □ No If yes, which ones?					
☐ 2 - Learner is in receipt of Er	☐ 2 - Learner is in receipt of Employment and Support Allowance (all categories)				









4 - Learner is in receipt of Universal Credit

Household Status (this information is required by the ESFA) Please tick any of the following statements that describe your household status			
No household member is in employment and the household includes one or more dependent children			
No household member is in employment and the household does not include any dependent children			
Learner lives in a single adult household with dependent children			
Learner has withheld this information			
None of these statements apply			
Data Disclosure			

Under the General Data Protection Regulation 2018, the following information relating to you will be used:

Personal details (name, age, address, contact details); academic, work and training information; your details as stated above, including your date of birth, unique learner number (ULN); family details where necessary (including emergency contact details), ethnic origin, gender, disability, care and youth offender status.

Your information will be recorded on databases which will allow us to follow your progression and ensure you get the most out of the programme. Any of the above organisations or agencies may use your information for that purpose. Data may be held in both paper form and on computer to assist us during and after your involvement in the Programme in accordance with the General Data Protection Regulation 2018. You may access data held by us about you by giving notice at any time during your involvement with the programme.

For 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:

http://www.semlep.com/modules/downloads/download.php?file name=1394

As per ESFA requirement, Grant recipient should ensure that all learners have seen the ILR privacy notice below as part of their enrolment processes.

ILR Specification 2018 to 2019 - Privacy Notice 2018 to 2019

Version 1 - February 2018

How We Use Your Personal Information









This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

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 wellbeing 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 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.

By signing below, I confirm the following:
Participant's Declaration
For 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
 □ Learner is not to be contacted, for example where a learner has suffered severe illness during the programme or other circumstance. □ About courses or learning opportunities. □ For surveys and research. □ By post. □ By phone. □ By e-mail.
You can agree to be contacted for other purposes by ticking any of the following boxes:

By signing below, I confirm the follow	/In	y
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· y	Sig	ining below, i committ the following.
		I confirm the information on this form is correct and I am aware that this project has been part financed by European Social Fund.
		I confirm I have provided all the evidence to prove my eligibility.
		The information provided in the form is, to the best of my knowledge, accurate.
		If I have ticked a 'Prefer not to say' option anywhere on this form, I confirm that I am refusing consent for this information to be collected for the purposes of equality monitoring.
		I want to take part in the ESF programme and agree to working on the above personal targets.









		•	give permission for my personal details to be shared and stored in a secure manner with the ducation & Skills Funding Agency and other authorised bodies.			
		Dece:	I understand that this information will be stored securely and retained until at least 31 December 2030 for evaluation purposes in compliance with the Data Protection Act 1998. This information will be used to evaluate this project and to report to the Education & Skills Funding Agency. After that time, it will be destroyed in a secure manner.			
		I may	be contacted to discuss my involvement	ent in the project.		
		•	permission for my details to be shared roject.	I with other organisations involved in the delivery of		
	Namo	е		Signature:		
	Date					
P	rojec	t offic	er declaration:			
Т	ick <u>e</u>	ach bo	ox to confirm:			
F	artici	pant ir		and I declare that I have supported the nowledge, the above-named Participant is eligible		
] The	partic	sipant has been told that the support	they'll be offered is funded by the ESF.		
] The	inforn	nation provided in the form is, to the	best of my knowledge, accurate.		
	☐ I have confirmed that the participant has the right to work in the UK by sight of an original document referred under the section "Eligibility to live and work in the UK" on this form.					
	$\hfill \square$ I have checked the evidence to confirm that the participant is unemployed or economically inactive					
$\hfill\square$ I have justified why the participant is eligible using the 4 step method if they have completed form SCG21						
\square I understand that this form and the items of evidence provided must be retained until at least 31 December 2030.						
re	\Box I understand that the Education and Skills Funding Agency, or other authorised bodies, may request to see this information at any time and that it can only be shared in a secure manner and never emailed.					
	☐ I understand that SEMLEP, ESFA and the ESF reserve the right to audit the documentation held and to withhold or claw back payment where correct evidence is not in place.					
	Nan	ne		Signature:		







