

ENROLMENT & LEARNING AGREEMENT



TO BE COMPLETED IN BLOCK CAPITALS AND BLACK INK

Resident Reference Number (RRN);	0	3	2	7	0								
Unique Resident Number (ULN):													

Prior attainment code:			Office use only
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Section 1 - Enrolment Details



Title (Mr, Mrs, Miss etc.):		Gender (please tick):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First/given name(s):				
Family name:				
House number or name:				
Street name:				
Suburb / village:				
Town / City:		County:		
Current postcode:		Postcode prior to enrolment:		
Home number:		Mobile number:		
Email address:				
Do you have access to a smartphone/tablet?				
Facebook address	facebook.com/			
National Insurance No.:				Date of birth:

Preferred method of contact from us:	Post: <input type="checkbox"/>	Telephone: <input type="checkbox"/>	Email: <input type="checkbox"/>	Text: <input type="checkbox"/>
Please note, Job Gym will send emails and texts regarding job opportunities & course information				

Emergency Contact:			
Name:			
Telephone:		Relationship to you:	

What is your current household situation?	()
No household member in employment & includes 1 or more dependent children	
No household member in employment, no dependent children	
Lives in a single adult household with dependent children	
None of these three options apply	
Withhold information	

How did you hear about the Job Gym?	<input type="checkbox"/> JCP	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Friend
	<input type="checkbox"/> Website	<input type="checkbox"/> Work programme	<input type="checkbox"/> Social Media
	<input type="checkbox"/> Other		

Section 2 - Ethnicity



What is your ethnicity? Please tick relevant box.

31	English/Welsh/Scottish/Northern Irish/British		40	Pakistani	
32	Irish		41	Bangladeshi	
33	Gypsy/ Irish traveller		42	Chinese	
34	any other white background		43	Any other Asian background	
35	White and Black Caribbean		44	African	
36	White and Black African		45	Caribbean	
37	White and Asian		46	Any other Black/ Caribbean/ African background	
38	any other mixed/multiple ethnic background		47	Arab	
39	Indian		98	Any other ethnic group	

Section 3 - Equality & Diversity



Do you consider yourself to have a long-term difficulty, health problem or learning difficulty?

01	Yes	<input type="checkbox"/>
02	No	<input type="checkbox"/>

If yes, please tick below

		Yes ()			Yes ()
04	Visual Impairment		05	Hearing Impairment	
06	Disability affecting mobility		07	Profound complex disabilities	
08	Social and emotional difficulties		09	Mental health difficulty	
10	Moderate learning difficulty		11	Severe learning difficulty	
12	Dyslexia		13	Dyscalculia	
14	Autism spectrum disorder		15	Aspergers Syndrome disorder	
16	Temporary disability after illness		93	Other physical disability	
17	Speech, language & communication needs		94	Other specific learning difficulty e.g. dyspraxia	
95	Other medical condition		96	Other learning difficulty	
97	Other disability		98	Prefer not to say	
99	Not known/ provided				

Please give further information if you have ticked 93, 94, 95, 96 or 97:

Section 4 - Self declaration for eligibility of funding

Please tick yes for the relevant boxes below.

Please tick relevant box to the following questions, indicating Yes	
I confirm that I am 19 years or older on/before the 31st August of this Academic year	<input type="checkbox"/>
I confirm that I am;	
Full-time employed with a Contract of Employment	<input type="checkbox"/>
Unemployed and seeking employment	<input type="checkbox"/>
Part-time employed with a Contract of Employment including zero hour Contract	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>

Unemployed	Yes ()	Employed	Yes ()
<p>I confirm that I am in receipt of one of the below unemployment related benefits;</p> <p>Jobseekers Allowance (JSA), including National Insurance credits only <input type="checkbox"/></p> <p>ESA (Employment and Support Allowance) and are in work related activity group (WRAG) <input type="checkbox"/></p> <p>Universal Credit and are determined by Jobcentre Plus as being in one of the following groups: all work related group / work preparation / work focused interview group <input type="checkbox"/></p> <p>Other state benefits, please specify: _____ <input type="checkbox"/></p> <p>Start date of unemployment: _____</p> <p>If in the receipt of Universal Credit or other state benefits, I confirm I earn less than £338 per month from employment (not including benefits) in a single benefit claim or earn less than £541 per month in a joint claim (with my partner). <input type="checkbox"/></p> <p>I have been released on temporary licence, studying outside a prison environment and not funded by the Ministry of Justice <input type="checkbox"/></p>		<p>I confirm and can provide evidence that my annual gross salary is less than:</p> <p>£16,009.50 <input type="checkbox"/></p> <p>£17,550.00 (GM) <input type="checkbox"/></p> <p>How many days a week do you work? _____</p> <p>Employment start date: _____</p> <p>(Office only) Evidence seen:</p> <p>Contract of employment <input type="checkbox"/></p> <p>Last 3 months' pay slips <input type="checkbox"/></p> <p>Employer confirmation (on letterhead) <input type="checkbox"/></p> <p>HMRC website print out (self employed) <input type="checkbox"/></p> <p>Other Evidence <input type="checkbox"/></p> <p>_____</p> <p>Seen by _____</p> <p>Document reference _____</p>	
I am NOT currently undertaking any other funded learning or training			<input type="checkbox"/>
I am currently undertaking other funded learning or training.			<input type="checkbox"/>
I am undertaking learning/training in			
I am doing this training at			
I confirm that I am a UK resident and have lived in the UK for the last 3 years, or I confirm that I have lived in the EU/EEA for the last 3 years			<input type="checkbox"/>
If no, please provide more details about your circumstances:			<input type="checkbox"/>
Please confirm evidence seen:			
I confirm I have the right to work in the UK			<input type="checkbox"/>

Section 5 - Employability skills assesment

Please give as much detail as possible to the questions below.



Do you have a....	Yes ()	No ()	If yes, please give details below:
English qualification (at GCSE/ O Level grade A*-C equivalent)			
Maths qualification (at GCSE/ O Level grade A*-C equivalent)			
IT qualification at Level 2 or above, this includes a GCSE/ O Level grade A*-C or equivalent?			

Please record any other qualifications you hold and other relevant training completed - start with the highest level achieved (qualifications include any GCSEs, A Levels, GNVQs and NVQs).

Qualification/training title:	Level/ Grade:	Date achieved:

Current and previous employment

Please tell us about your current and past employment. Start with your most recent employment first - include any voluntary work.

Employer name & location	Start date:	End date:	Position:	Hours of work (if employed)	Reason for leaving: (if applicable)

Do you have a job offer or promotion when you have completed your training? Yes No

If yes, please give details:

Skills assessment

Please complete below by scoring yourself 0 to 5 in the given areas, which reflect your current confidence and understanding.

Scale	0	none	1	Beginner	2	Novice	3	Limited	4	Experienced	5	Expert				
Employability assessment										Resident's score (please tick)		Provider score				
										0	1		2	3	4	5
I am able to communicate at different levels																
I am confident to work effectively in a team and communicate with colleagues and customers at all levels																
I am able to solve problems effectively																
I have up to date digital skills / knowledge?																
I have confidence in my health for the upcoming training / job roles																
I have the confidence and courage in the required sector in regards to home/ residence, personal life and financial																
I am able to create / adapt / upload a professional CV / cover letter suitable for various roles																
I have all the necessary and up to date skills / tools / knowledge for relevant roles																
I am confident in my interview techniques, adapting your style to a wide range of roles as well as navigating routes																

What are your career goals?	What are your personal goals?
1.	1.
2.	2.
3.	3.

Section 6 - Support requirements

	Yes ()
Is there anything we need to consider when planning your journey? This could be additional support, family commitments, work commitments, medical conditions, personal wellbeing etc.	<input type="checkbox"/>
If yes, what support can we provide?	
Are you currently taking any regular medication? If yes, please provide details	<input type="checkbox"/>
Do you have an education, health and care plan?	<input type="checkbox"/>
Do you have either unspent criminal convictions and/or pending court dates or currently on bail?	<input type="checkbox"/>

Office Use Only



Section 7 - Your Learning Agreement / Plan

The following questions are to be completed with your IAG advisor.



Provider details:

Lead provider:	Mantra Learning Ltd	Subcontractor:	
Address:	Greengate Middleton Manchester M24 1RU	Address:	
UK PRN:	10004181	UK PRN:	
Location in which learning will take place:			

Initial Assessment details:

Type of Assessment	I/A Result	Date Completed	Diagnostic Result	Date Completed	Development Need/ Comments
English					
Maths					
ICT					

Prior Learning

Does the PLR contradict the highest qualification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where it does, has the resident accepted the PLR information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the highest qualification recorded on the PLR?		

Support Arrangements

Use this section to record any support which the resident will need and what arrangements are to be made.

Support Needs:	Arrangements Made

Programme Justification

Job coach / staff member summary and justification for programme

Please identify the resident's reason(s) for learning:

Resident requires skills and knowledge for their preferred job/career

Resident requires employability skills for their preferred job/career

Resident requires qualification(s) for their preferred job/career

Please use this section to summarise the changes made to the initial resident's scoring, where applicable, giving a rationale for the changes. Please also enter a justification for programme, stating why the Job Gym programme and related funding is applicable to the resident, their career goals and addressing the skills gaps.

How will the resident know they have achieved? (please tick)

Pass exams

Workbook completion

Observation(s)

Other (please state)

ID verification

Training provider staff to record below ID information

Document type seen:	Document number/reference:	Seen by:

Section 8 - Privacy Notice and Agreements

Please read the following declarations carefully.



Education and Skills Funding Agency Privacy Notice

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 residents 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 resident 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 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. 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 (6)		For surveys and research (7)	
By post (4)		By phone (5)	By email (PMC6)

Learning Records Service Privacy Notice

The information you supply will be used by the Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Resident 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 Gov.UK. In order for us to proceed with your ULN, we need to collect some evidence from you regarding your identity, which we will have taken during your IAG session.

Resident Agreement Privacy Notice

1. Mantra Learning will share your information in regards to your training and future employment with relevant bodies, including but not limited to:

- Education & skills funding agency
- Mantra Learning's funding contractors & subcontractors
- Any other relevant funding commissioning bodies
- Awarding Body's
- Job Centre Plus and Work programme providers
- 3rd Party database suppliers for use by Education & skills funding agency
- Prospective employers
- Future employers to obtain job outcome evidence

2. Outside of these organisations, it may be required for Mantra Learning to share your information when required by law for the purpose of criminal activity, safeguarding concerns including but not limited to risk assessment processes, and health & safety requirements. Information you provide will not be used outside of the above organisations remit.

3. Mantra Learning will contact you using phone, email, text and letter to discuss course dates, course reminders, testing information and dates, future course opportunities, job opportunities and related topics.

4. Your information will be kept on record for the required retention period for the relevant organisations.

5. Further information on this privacy notice can be obtained by contacting DLPalerts@mantralearning.co.uk.

6. By signing this agreement you confirm that you have read, understood, confirmed and agreed the information recorded in your learning agreement. You understand that your learning programme is funded by the Education and Skills Funding Agency and that the information I have provided is correct at time of signing this agreement.

I confirm that I have read and agree to all the terms stated above.

I consent to photograph(s), feedback and/or video recordings of me being used for publicity or display purposes, including and not limited to social media, marketing materials and the company's website to promote the course I am undertaking.

Resident Name:..... Signature:..... Date:.....

Training Provider

I confirm that the above resident is eligible to participate in this programme and has received their full IAG:

Name:..... Signature:..... Date:.....