



Application and Self Declaration Form

Advanced Learner Loan



Office Use Only: EDRS

ULN

Date Received

Database

Programme applying for

Personal Details (please provide your **legally** registered names)

Title (e.g. Ms/Mrs/Miss/Mr/Dr) First Name(s)

Surname (family name) Maiden Name

Date of Birth AGE

Gender Male Female Other Prefer not to say

Town of birth Country of birth

National Insurance Number

Current Address

Postcode Time at Current Address Years Months

Work Phone No. Mobile Phone

Work e-mail address

Personal e-mail address

Emergency Contact name Relationship to you

Emergency Contact phone

Household situation

Individuals from all walks of life have benefitted from programmes supported by the European Social Fund (ESF), to help with this please indicate your household situation below.

- 01 No household member is in employment and the household includes one or more dependent children
- 02 No household member is in employment and the household does not include any dependent children
- 03 Student lives in a single adult household with dependent children
- 98 Prefer not to say
- 99 None of the above apply

RESIDENCY (please complete the relevant sections)

Have you lived in the UK all your life Yes No

If you have lived outside the UK in the last 3 years, in which country have you been living?

Date of entry into the UK Was this for the purpose of full-time education? Yes No

Are there any restrictions on the length of your stay in the UK? Yes No

Are you a refugee or Asylum Seeker? Yes No

ETHNICITY – How would you best describe yourself?

- | | | | |
|-----------------------------|---|-----------------------------|------------------------|
| <input type="checkbox"/> 31 | English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> 41 | Bangladeshi |
| <input type="checkbox"/> 32 | Irish | <input type="checkbox"/> 42 | Chinese |
| <input type="checkbox"/> 33 | Gypsy or Irish Traveller | <input type="checkbox"/> 43 | Other Asian |
| <input type="checkbox"/> 34 | Other White | <input type="checkbox"/> 44 | Black African |
| <input type="checkbox"/> 35 | White and Caribbean | <input type="checkbox"/> 45 | Black Caribbean |
| <input type="checkbox"/> 36 | White and African | <input type="checkbox"/> 46 | Black Other |
| <input type="checkbox"/> 37 | White Asian | <input type="checkbox"/> 47 | Arab |
| <input type="checkbox"/> 38 | Other Mixed | <input type="checkbox"/> 98 | Any other ethnic group |
| <input type="checkbox"/> 39 | Indian | <input type="checkbox"/> 99 | Not Known |
| <input type="checkbox"/> 40 | Pakistani | <input type="checkbox"/> ZZ | Prefer not to say |

Is English an additional language for you? If yes, state your home language

LEARNING DIFFICULTIES, DISABILITIES & HEALTH PROBLEMS

In order that we can provide appropriate support for you, please tell us about any particular learning difficulty, disability or health problems you may have. Any information you provide will be shared with the appropriate person who can offer you support throughout your studies.

Do you consider yourself to have a learning difficulty, disability or health problem? Yes No

I have had learning support before (if yes, please give details) Yes No

I have had special arrangements for exams before (if yes, please give details) Yes No

I currently have an existing or previously issued Education, Health and Care (EHC) Plan, a Statement of Special Educational Need (SEN) or a Learning Difficulty Assessment (LDA). (If yes, please provide a copy)	EHC Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	SEN	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	LDA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Learning Difficulties, Disabilities and Health Problems - Please tick all of the following that apply

- | | | | |
|-----------------------------|---|-----------------------------|--|
| <input type="checkbox"/> 04 | Visual impairment | <input type="checkbox"/> 05 | Hearing impairment |
| <input type="checkbox"/> 06 | Disability affecting mobility | <input type="checkbox"/> 07 | Profound complex difficulties |
| <input type="checkbox"/> 08 | Social & emotional difficulties | <input type="checkbox"/> 09 | Mental health difficulty |
| <input type="checkbox"/> 10 | Moderate learning difficulty | <input type="checkbox"/> 11 | Severe learning difficulty |
| <input type="checkbox"/> 12 | Dyslexia | <input type="checkbox"/> 13 | Dyscalculia |
| <input type="checkbox"/> 14 | Autism Spectrum Disorder | <input type="checkbox"/> 15 | Asperger's Syndrome |
| <input type="checkbox"/> 16 | Temporary disability after illness/accident | <input type="checkbox"/> 93 | Other physical disability |
| <input type="checkbox"/> 94 | Other specific learning difficulty (e.g. dyspraxia) | <input type="checkbox"/> 95 | Other medical condition (epilepsy, asthma, diabetes) |
| <input type="checkbox"/> 96 | Other learning difficulty | <input type="checkbox"/> 97 | Other disability |
| <input type="checkbox"/> 98 | Prefer not to say | | |

Would like a confidential interview with a member of our team before committing to a course. Any learner can request this if they have concerns about how the course will meet their needs.

Yes No

Additional Learning Support Funding Marker Applied

YES NO

QUALIFICATIONS ALREADY HELD

Please detail your highest level of qualification held.

- | | | | |
|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> 09 | Entry Level (Essential skills, entry level literacy or numeracy) | <input type="checkbox"/> 10 | Level 4 (HNC/D, AAT4, NVQ L4) |
| <input type="checkbox"/> 07 | Other qualifications below Level 1 | <input type="checkbox"/> 11 | Level 5 (Foundation/1 st Degree (non-hons), HND) |
| <input type="checkbox"/> 01 | Full Level 1 (NVQ1, CLAIT, Foundation Level) | <input type="checkbox"/> 12 | Level 6 (1 st Degree (Hons)) |
| <input type="checkbox"/> 02 | Full Level 2 (5 x GCSEs A*-C/4-9, NVQ2, ECDL) | <input type="checkbox"/> 13 | Level 7 and above (Masters/Doctorate/PGCE) |
| <input type="checkbox"/> 03 | Full Level 3(NVQ3, AVCEs, 4 x AS, 2x A Level) | <input type="checkbox"/> 99 | No qualifications |

Learners born after 1990, please provide your home postcode where you sat your GCSEs if different to current home address. This supports us in identifying your Personal Learning Record (PLR)

GCSE Grades

Please provide copies of GCSE certificates and/or other educational qualifications achieved post GCSE

English Language Grade Achieved

Maths Grade Achieved

English Literature Grade Achieved

ICT (If applicable) Grade Achieved

Impact Futures / The Childcare Company will access your Personal Learning Record (PLR) to confirm the qualifications stated. Please put an X in the box to confirm you give our team permission to access your PLR on your behalf

Further information about the Personal Learning Record and the Skills Funding Privacy Notice are available at: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>

EMPLOYER/PLACEMENT DETAILS – please provide details of your employer company/group name (if applicable)

Company Name

Address

Postcode If Limited Company registered number (if known)

Is this business a member of a group of companies (if yes, detail group name below) Yes No

Group Name

No. of employees at this site (our workplace) Total No. of employees in Group

Applicants Job Title Hours of work

Employment start date

Line Manager's Name Line Manager's Job Title

Contact Number Email

Please enclose / email a copy of your current job description with your application form

EMPLOYMENT STATUS – what will your employment status be prior to your enrolment on this course?

Employed

In Paid Employment

Hours Worked Per Week

Not Employed

Not in paid employment looking for work & able to start

Not in paid employment, not looking for work/unable to start

In full time education or training

Volunteer

Self employed

How long have you been employed

Up to 3 months 3-6 months

7-12 months 12+ months

How long have you been unemployed?

Up to 6 months 6-11 months 12-23 months

24-35 months 3 years or more

If accessing government funding, please tick the following statements that apply

I am earning at least the National Minimum Wage or relevant Apprenticeship Training Allowance as per government guidelines for my age and can produce wage slips or other payroll evidence if required

I am not employed in a Central Government Department or their agencies

I am NOT already receiving funding for any other Government Funded Training Programmes

I am NOT a university student receiving funding through Student Loans England

Photo identification – must be verified & checked

Types of evidence allowed – Passport/Birth Certificate/National Identity Card

For completion by person enrolling you onto course							
ID Type	ID Number	Country of Issue		Date of Issue			
Seen by (enter Impact Futures / The Childcare Company representative name and job title)							
Record any applicable passport restrictions							
ESFA Funding	Levy Funded			Non – Levy Funded			
Other Funding	SLC Loans		Private (Employer)		Private (Learner)		

Marketing –Where did you hear about us? (Please tick as appropriate)

Internet/Search Engine	Recommendation	Advert	Social Media
Google <input type="checkbox"/>	Employer <input type="checkbox"/>	Postal Marketing <input type="checkbox"/>	Twitter <input type="checkbox"/>
Yahoo <input type="checkbox"/>	Friend <input type="checkbox"/>	Magazine (state below) <input type="checkbox"/>	Facebook <input type="checkbox"/>
Bing <input type="checkbox"/>	Colleague <input type="checkbox"/>		LinkedIn <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Trade Show (state below) <input type="checkbox"/>	Other <input type="checkbox"/>
Other (please state) <input type="text"/>			

YOUR HEALTH & SAFETY

Your safety in the workplace is important. To ensure that you and your employer both understand each party's obligations and understanding in respect of Health & Safety at work please complete the questions below.

Management of Learner's /young person's Health & Safety	YES	NO	Evidence / Comments
Has the employer/placement assessed the potential risks to the applicant taking into account age, inexperience, immaturity or lack of awareness of risk where applicable?			
Have the assessments taken into account any other special needs or circumstances including any disability and / or medical / health condition?			
Has the employer/placement put in place control measures for the applicant as a result of the assessments and have they informed the applicant and their line manager/mentor?			
Please detail any necessary prohibitions and restrictions identified by the risk assessments that apply to the applicant.			
Does the employer/placement provide competent supervision for the applicant and do they have a designated person to take overall responsibility for them? Where necessary, suitability checks may be required for reasons of child protection and the protection of vulnerable adults.			

Does the employer/placement provide an induction and ongoing information, instruction and training to applicant reflecting the findings of the risk assessment, working environment, work activities, age, experience and any special needs?			
Does the employer/placement provide any necessary personal protective equipment and clothing (PPE), as determined by the risk assessment and ensure its proper and effective use?			
Does this check meet with the basic requirements of the health & Safety at Work Act (circle as appropriate)	MET	PARTIALLY MET	NOT MET

Declarations and Confirmations

LEARNER

I confirm that I am aware that this form is an application to enrol on a training course with Impact Futures / The Childcare Company. I understand that this training course will be online and will involve online assessment as well as practical assessment.

Once your application has been received, our Applications and Enrolment Team will be in contact with you within 10 working days to discuss your details and then discuss the funding options that may be available. Please be aware you are **not** liable for costs or fees by sending in this application form and do not have to commit to starting a course at this stage.

Signed by Learner

Date

Print Name

EMPLOYER/PLACEMENT

I, the company representative can confirm, having read and understood the above eligibility checklist that the learner is legally employed, paying Class 1 National Insurance Contributions under a written contract of employment. If the above named student is a volunteer within my organisation, they are unpaid. I also confirm that I have the express power and consent to sign this on behalf of the employer and understand I may need to contribute towards the cost of any apprenticeship programme (Usually a maximum of 10%).

Please confirm the average number of employees within entire business/group in last 365 days prior to the start date of this apprentice

Signed on behalf of the Employer/Placement

Date

Position

Print Name

TO BE COMPLETED BY IMPACT FUTURES / THE CHILDCARE COMPANY

I confirm the information on this form is correct and I declare that I have supported the Learner in the completion of this document, and to the best of my knowledge the above named Learner is eligible for SFA funding. I have evidence to support all statements made on this form

Signed by Enrolment Team

Date

For and on behalf of Impact Futures / The Childcare Company

Print Name

Please ensure the General Data Protection Regulation Confirmation on the next page is completed

General Data Protection Regulation Confirmation (GDPR Provisions)

Learner Declaration

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 the 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 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.

You can agree to be contacted for other purposes by ticking any of the following boxes:

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf including The Childcare Company and/or Impact Futures) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

Tick this box if you wish to be contacted in respect of surveys and research.

Tick this box if you wish to be contacted about courses or other learning and career opportunities.

Please indicate how we may contact you should the need arise (more than one may apply)

PHONE	SMS	EMAIL	POST
PHONE	SMS	EMAIL	POST

Please indicate your preferred/primary method of contact

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data, are available at: 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>

I declare that the information I have provided above is accurate and true to allow for the registration of my learning programme. I give my permission for the data provided to be used for the purpose of registration and certification of the programme I am undertaking and for the provision of claiming funding where applicable in line with the Privacy Statement above.

I understand my information will be passed to one or more of the following organisations dependent upon the funding stream for my programme through their respective secure systems and where the programme I am undertaking is a qualification regulated by one of the four United Kingdom qualification regulators, that this is exempt from the right for erasure under the GDPR provision.

- Education & Skills Funding Agency (ESFA – Apprenticeships & Workbased learning)
- NCFE/Cache & Pearson Awarding Organisations
- Department of Education
- Student Loans England (Advanced Learner Loans)
- Ofsted

- Laser Learning (Electronic Learning Portfolio)
- Approved Subcontractors to The Childcare Company and/or Impact Futures

Where the programme I am undertaking is not regulated by one of the four United Kingdom qualification regulators, I can assert my right for erasure if I so wish.

Information will be retained by The Childcare Company and Impact Futures for at least 10 years to comply with regulations surrounding government funding (ESFA) unless otherwise stated.

I understand I can withdraw my consent up until the day prior to my first teaching and assessment session, after this date my information will be retained as detailed above.

To withdraw consent please send an email to funding@thechildcarecompany.com

Learner Name	
Signature	
Date	