**1 - LEARNER INDUCTION CHECKLIST**

|  |  |
| --- | --- |
| **Learner Name:** | **Grant Recipient Name: Gaydio Academy, Brighton** |
| **Course Advisor: Alex Baker** | **Start Date:** |

|  |  |
| --- | --- |
| **Please type Yes to confirm that you have been informed of or provided with information regarding the following:**  | **(Yes)** |
| That the Gaydio Academy Work Club is funded by the European Union through the European Social Fund (ESF) |  |
|  You’ve seen the Gaydio Academy safeguarding procedure and policy |  |
| You’ve seen the Gaydio Academy Health & Safety procedure and policy |  |
| You’ve seen the Gaydio Academy Equality and Diversity procedure and policy |  |
| You’ve seen the Gaydio Academy British Values statement |  |
| You’ve seen the Gaydio Academy Complaints and Compliments Procedure  |  |
| Emergency evacuation route and assembly point if applicable |  |
| Location of first aid box and first aider if applicable |  |
| You’ve seen how to report dangers or accidents or safeguarding concerns |  |
| You have been informed how to exercise your Learner voice and know about opportunities to provide feedback on your activity |  |
| You know the procedure if learners need to cancel appointments including contact phone numbers / email address |  |
| You have been informed of the course timetable and holiday dates |  |
| You have been informed of opportunities for learner/learning support for learners with learning difficulties and/or disabilities or other additional needs |  |
| You have been informed of who to contact to discuss any concerns or aspects of the programme if you do not want to speak to the Course Advisor |  |
| You have been informed of teaching and learning strategies including e-learning |  |
| You have been informed of what opportunities are available to catch up on any missed activity |  |
| You have been informed of assessment, accreditation, or examinations associated with the course |  |
| You have been informed of outline of what you could progress to when they complete the course |  |

**Learner Name:**

**Leaner Signature:**

**Date:**

|  |  |
| --- | --- |
| **ULN (if known):** |  |
| Grants Recipient Name: Gaydio Academy Brighton |

**ESF COMMUNITY GRANTS PROGRAMME**

**2 - LEARNER ENROLMENT FORM**

This form is for you and Gaydio Academy staff to complete together. It is designed to help the team at The Gaydio Academy collect all the information they need to prove your eligibility for this course with the European Social Fund and the Education and Skills Funding Agency

**PART 1: LEARNER DETAILS**

|  |
| --- |
| **Learner Details** |
| **Family Name:** |  | **Sex:** (Male or Female) |
| **Forenames:** |  |
| **Address:** | **House No. Or House Name & Street:** |  |
|  | **Suburb / Village:** |  |
|  | **Town /City and County:** |  |
|  | **Post Code:** |  | **Previous Post Code:** |  |
| **National Insurance No:**  |  | **Date of Birth:** |  |
| **Contact Details** (at least contact number must be provided) | **Home Tel No:** |  |
| **Work Tel No:** |  |
| **Mobile Tel No:** |  |
| **Email Address:** |  |
| **Emergency Contact Details:** | **Name:** |  |
| **Relationship:** |  |
| **Contact No:** |  |

|  |
| --- |
| **Marketing: How did you hear about London Learning Consortium (LLC) The Gaydio Academy Brighton? (Type Yes)** |
| **Newspaper:** | **JCP:** | **Advert:**  | **Friend:**  |
| **Website:**  | **Television:**  | **Other (Please detail):** |

|  |
| --- |
| **Support Requirements** |
| **All learners need to complete** parts A, B and C below**. I**f you do not need support, please also say this below. |
| **A.** Do you consider yourself to have a long-term disability, learning difficulties, or have other support needs which may be a barrier to you successfully completing your programme: Delete as appropriate: **Yes / No**  Do you need support during your course/programme of learning? **Yes / No** |
| **B. Health conditions or impairment: (select yes / no below – delete as appropriate)** |
| Visual impairment (excluding wearing glasses) **Yes / No**Hearing impairment (e.g. BSL, hearing aids) **Yes / No**Disability affecting mobility (e.g. wheelchair user) **Yes / No**Other physical disability (e.g. cerebral palsy) **Yes / No**Temporary disability (eg. after accident) **Yes / No**Other medical condition (please detail below)  | Emotional/behaviour difficulties **Yes / No**Mental health difficulty (e.g. depression) **Yes / No**Profound/complex disabilities **Yes / No**Asperger’s Syndrome **Yes / No**Multiple disabilities **Yes / No**Other condition (please detail below) |
| **C. Learning Support: (select yes / no below – delete as appropriate)** |
| Moderate learning difficulties **Yes / No**Severe learning difficulties **Yes / No**Dyslexia **Yes / No**Dyscalculia **Yes / No**Autism Spectrum Disorder **Yes / No**Multiple learning difficulties **Yes / No**Other learning difficulty (please detail below) |

|  |
| --- |
| **Right to Work.** **Non UK Right to Work Evidence must be up to date.** |
| Have you been resident in the UK for 3 years?**Yes/ No**If No, what was your previous country of residence? (please detail below) | What is the basis of your residencyBritish Citizen **Yes / No**EU & EEA (*see List below)* **Yes / No** Other (please detail below) |
| What is your nationality? | Date of entry to UK [if not born here] - (use MM/DD/YYYY) |
| If ‘other’, what type of visa/leave to remain in the UK do you have (e.g. asylum seeker, refugee, or visa type: student, visitor, dependant, etc)? |
| Name and location of last school attended: | Dates Attended: |

|  |  |  |
| --- | --- | --- |
| Passport number: | Country of issue:  | Expiry date: |
| Birth certificate Number: | Borough / District issued: |
| ID card number: | Date Issued: | Expiry date: |
| Visa number: | Date Issued: | Visa Expiry date: |

|  |
| --- |
| **Personal Identity (Please delete ticks leaving just one that best describes you).** |
| Asian **(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 background** ✔**¨ (47) Arab ✔** | Mixed**¨ (35) Mixed - White and Black Caribbean** ✔**¨ (36) Mixed White Black African** ✔**¨ (37) Mixed – White Asian** ✔**¨ (38) Mixed - any other Mixed multiple background** ✔**¨ (98) Any other Ethnic Group ✔**White**¨ (31)** **English/Welsh/Scots/Northern Irish/British** ✔**¨ (32) Irish ✔****¨ (33) Gypsy or Irish Traveller** ✔**¨ (34) Any other White background** ✔ |

|  |
| --- |
| **Employment Status and monitoring** |
| Please answer yes / no (delete as appropriate) for each of the below.**I am currently...**(10) In paid employment, or self-employed *(NB. If yes, you would not be eligible for the course)* ***Yes*/No**In part-time or full-time education or training *(NB. If yes, you would not be eligible for the course)* **Yes/No**(11) Not in paid employment and looking for work and claiming... Job Seekers Allowance (JSA) **Yes/No** (04) Universal Credit **Yes/No**(12) Economically inactive, not in paid employment and not looking for work and...Claiming  **Yes/No**Employment support allowance (ESA) **Yes/No**Income Support (IS) claimants **Yes/No**Universal Credit claimants (WRAG) **Yes/No**Carer’s Allowance **Yes/No**16-19 NEET (Not in Education, Employment or Training) **Yes/No** have not given up a job/paid employment to take up a place on this programme **Yes/No****Please note, you will need to provide evidence of the benefits you are claiming.** |
| Length of time of unemployment or economic inactivity(delete Yes/No as appropriate) | (01) unemployed for less than 6 months **Yes/No**(02) unemployed for 6-11 months **Yes/No**(03) unemployed for 12-23 months **Yes/No**(04) unemployed for 24-35 months **Yes/No**(05) unemployed for over 36 months **Yes/No** |

I certifythat the information given in this form is correct to the best of my knowledge

Tutor/Course Adviser Signature: 

Date:

Learner Signature:

Date:

|  |
| --- |
|  **Priority Sector (delete as appropriate)** |
| Lone Parent **Yes/No**Migrant / Refugee **Yes/No**Carer **Yes/No**Homeless **Yes/No**Disability **Yes/No**50 + **Yes/No**16 – 24 **Yes/No**Female **Yes/No**Ex-Offender **Yes/No**Other (please state):  |

|  |
| --- |
| **Safeguarding Children, Young People and Vulnerable Adults (delete as appropriate)** |
| LLC are keen to support all learners to help them succeed. For some careers you will need to declare all criminal convictions including those that are spent. Doing this will not necessarily stop you being offered a place on a course. If you have disclosed a previous conviction, your adviser will discuss the next steps and your options.I have a criminal conviction and need to make a disclosure and have attached the information in a separate email. **Yes/No** |

|  |
| --- |
| **Household Situation - Please tick which of the following statements (delete as appropriate):**  |
|  No member of the household in which I live (including myself) is employed – one or more dependent children - **Yes/No** |
| No member of the household in which I live (including myself) is employed – No dependent children - **Yes/No** |
| 3. I am a single adult with one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household - **Yes/No** |
| 99. None of these statements apply - **Yes/No** |
| **Pre-Entry Information, Advice and Guidance / Initial Assessment (delete as appropriate):** |
| **I confirm that I have received Pre-Entry Information, Advice and Guidance, and that the following areas have been covered with me:**The Choice of the Learning Programme **Yes/No**Entry requirements for each Learning Aim within the Learning Programme **Yes/No**An Initial Assessment of the suitability of the Learning Programme **Yes/No**Discussion around what I can do to further develop my skills **Yes/No**Support available to me **Yes/No**The nature and procedures involved in the process of Advice and Guidance **Yes/No**\* Recognition of prior Learning (RPL) and Accreditation of Prior Learning **Yes/No****\*Note**Recognition of prior learning (RPL) is an assessment method. It considers whether a learner meets the requirements for a unit or qualification through existing knowledge, understanding or skills and does not need to develop them through additional learning. APEL is the process for assessing, recognising and/or awarding credit from learning that has been achieved through experience and/or training that has not been formally assessed. Where credits are given, they should be given for learning, not for experience alone.Your Course Advisor will discuss this in more detail with you as part of the development of your individual learning plan |
| **Learner Name** **Learner Signature** |

|  |
| --- |
| **Prior Attainment (delete as appropriate):** |
| The ESFA monitors learners’ attainment levels. Please tick the highest level that you have attained. |
| Entry Level (e.g. Entry Level Functional Skills English and Maths or ESOL Entry level) | **Yes/No** | Level 5 (e.g. Foundation Degree) | **Yes/No** |
| Other qualifications below Level 1 (e.g. one module of a Level 1 qualification) | **Yes/No** | Level 6 (e.g. Degree with Honours) | **Yes/No** |
| Level 1 (e.g. Functional Skills Level 1 English or Maths, ESOL Level 1) | **Yes/No** | Level 7 and above (e.g. Master’s Degree) | **Yes/No** |
| Full level 2 (e.g. 5 or more grade A-C GCSE or O level, or Level 2 Certificate in Childcare) | **Yes/No** | No qualifications | **Yes/No** |
| Full level 3 (e.g. 2 or more A Levels, 4 or more AS Levels, or Level 3 Diploma in Childcare) | **Yes/No** | Other qualification (detail course name and date below) |
| Level 4 (e.g. Certificate of Higher Education) | **Yes/No** |

 **PART2: COURSE DETAILS**

**(Learning Aim Codes will match with those entered on the RarPa Course Details Form)**

|  |
| --- |
|  **Course Delivery details** |
| Course Adviser | Alex Baker |
| Venue | Home/Office |
| Delivery postcode | BN1 |

|  |
| --- |
| **COURSE DETAILS/LEARNING DELIVERY** - to be completed by GRANT RECIPIENT  |
| **Learning aim Code:****(generic Registration / Start Code please do not modify)** | **ZESF0001**  | **GLH (Guided Learning Hours):**(exact number of hours taken to register Learner) |  |
| Course Name: | **Learner assessment, planning & support (PAPS) = Registration / Enrolment** |
| **Start Date:** |  | **Planned End Date:** |  |
| **Learning aim Code:** | Z0003504 | **GLH:** | 40 |
| Course Name: | **Gaydio Work Club** |
| **Start Date:** |  | **Planned End Date:** |  |

**PART 3: PRIVACY NOTICE and LEARNER AGREEMENT AND DECLARATION**

**PRIVACY NOTICE**

 **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 /advisery 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 agree to be contacted for other purposes by deleting the appropriate of any the following choices:

About courses or learning opportunities **Yes/No**

For surveys and research **Yes / No**

Preferred contact method:

By post **Yes / No**

By phone **Yes / No**

By e-mail **Yes / No**

SMS **Yes / No**

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>

**LRS**

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notices>

**Marketing & Publicity**

I give my permission for images taken by the London learning Consortium (LLC)/The Gaydio Academy Brighton, that include me, to be used for promotional purposes. **Yes / No**

I give my permission for the LLC/Grant Recipient to follow me on Twitter and request to be my friend on Facebook. **Yes / No**

Learner Signature:

Date:

**Learner Learning Agreement and Declaration**

****

I have been made aware that the European Social Fund part-funds my programme of training and support received through the ESF Community Grants Programme.

**I understand that:**

* The Gaydio Academy Brighton will respond to reference requests from employers.
* LLC / The Gaydio Academy will supply attendance, progress, and achievement data to the third parties, who have paid fees on my behalf.
* I will inform LLC / The Gaydio Academy Brighton of any change of information during my programme of learning and support.
* I agree to abide by the LLC / The Gaydio Academy Brighton’s Policies & Procedures and follow all rules.
* I have received advice and guidance on my choice of learning and support programme to assess my suitability in accordance with LLC / The Gaydio Academy’s procedures.
* I have been informed by my The Gaydio Academy that that London Learning Consortium (LLC) is the awarding agent for the learning / support I am receiving.
* I am aware that LLC / The Gaydio Academy will share data with OFSTED and awarding bodies and that they will store their data on a computer.

**Declaration**

* I certify that theinformation I have given is accurate and no material information has been omitted. I agree to abide by London Learning Consortium’s/ESF/The Gaydio Academy rules, regulations, policies, and procedures, and I have read and understood the information above.
* By signing the Enrolment Form and Learning Agreement I confirm the contents are true and accurate. I understand that declaring false information may lead to prosecution.

Learner Signature

Date:

**Gaydio Academy Declaration - Grant Recipient Only**

*I am satisfied that the learner has met the entry requirements for the programme of study and support and evidence has been seen (where applicable) and that the learner is enrolling on an appropriate programme of activity.*

**Evidence of Eligibility seen**

Eligibility Confirmed and supporting document seen Yes /No

1. **NI Number** present on Enrolment Form Yes/No
2. Evidence of **RIGHT TO WORK** Yes/No

Specify evidence submitted

1. **Learner Signature** present where required. Yes/No
2. **Benefit Evidence** (unemployed vs Economically Inactive) Yes/No

Please specify evidence submitted

1. Evidence of **Residency** (Driving Licence not acceptable) Yes/No

Type of evidence provided e.g. Utility bill, bank account/credit card statement,

tenancy agreement, council tax bill,

Please specify evidence submitted

1. All copies are annotated “**True Copy of Original**” and **signed and dated.** Yes/No

**Evidence checked and completed with learner**

**PLR** (to be completed by LLC for Grant Recipients delivering Non-Regulated Activities only) Yes/No

**Individual Learning Plan – IAG and Non-Accredited Initial Assessment** Yes/No

**Confirmation of European Social Funding** Yes/No

All Evidences **signed and dated by Learner and Tutor/Adviser** Yes/No

Course Advisor Name: Alex Baker

Course Advisor Signature: 

**3 - INDIVIDUAL LEARNING PLAN – IAG AND NON-ACCREDITED INITIAL ASSESSMENT – LEARNER ACHIEVEMENT RECORD**

|  |
| --- |
| 1. **Learner Details:**
 |
| Learner Name  |  | ULN |  |
| Course Title | Gaydio Work Club | Course Adviser Name: Alex Baker |
| Start date |  | End Date |  |

**To be completed by the Learner at the Start of Programme**

|  |
| --- |
| **Pre-entry Information, Advice and Guidance:** |
| **I confirm that I have received pre-entry IAG, and that the following areas have been covered with me (Delete as appropriate):**The choice of training and support for my programme of activity Yes/NoAn initial assessment to ensure the programme is suitable for me Yes/NoThe support available to me Yes/NoThe policies and procedures relating to my IAG and programme Yes/No |
|

|  |
| --- |
| **Barriers to Learning:** |
| **Educational Barriers:** Did you come across any barriers whilst at school or college that you feel will influence you completing this training programme? (Delete as appropriate) | **Yes** | **No** | ***If yes, what were they?*** |
| **Personal Barriers:** Is there anything that might prevent you from completing this training programme? (Delete as appropriate) | **Yes** | **No** | ***If yes, what? (eg, family engagement, Communication, Confidence…)*** |
| **What can we do to help you overcome these barriers?** | ***Suggestions/Comments:*** |

 |

|  |
| --- |
| **Result of Basic Skills and Initial Assessment** (To be completed by Grant Recipient)**:** |
| Literacy level | Numeracy level | Vocational Skills Gap Discussed | Learning Style discussed | Date assessed |
|  |  |  |  |  |
| Comments: |

1. **Training / Activity Discussed and Agreed:**

|  |
| --- |
| **How can the training / activity being provided help you in getting into work or moving to further education?** |

|  |  |  |
| --- | --- | --- |
| **1= I cannot do this** | **2= I can partly do this but need help** | **3= I can do this well** |
| **Learning Outcomes – by the end of the session learners will confirm that they can achieve at least 80% of the outcomes below:** | **Start** | **End** |
| 1 | 2 | 3 | 1 | 2 | 3 |
| Expected Group Outcomes |
| To work together in a team |  |  |  |  |  |  |
| Editing, Researching and Interviewing |  |  |  |  |  |  |
| Personal Outcomes (Please fill out) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**What would you like to achieve as a result of attending the training / Activity agreed?**

|  |  |  |
| --- | --- | --- |
| Objective | Start Date | End Date |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Agreed first Activity /Course Title:Agreed Date of First Activity/Course:Venue: | ***Gaydio Work Club*** |

|  |
| --- |
| **Comments from Tutor/Adviser – how will you support the learner to achieve Next steps –include any signposting/referral** |
|  |

Learners Name:

Learner Signature: Date:

**4 - LEARNER ACTIVITY TIMESHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Recipient** | Gaydio Academy Brighton | **Contract** | LLC - C2C |
|  | **LEARNER DETAILS** |
| **Name** |  |  | **ULN** |  |
| **Start Date** |  **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** |  | **Planned End Date** | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** |
|  | **Activities –** *provide a short description of the activity*  |
| **Date** | **Activity** | **Regulated / Non-Regulated (incl. Learning Aim Code)** | **Duration in hours** | **Learner Signature** | **Staff Signature** |
| **Day 1 =** **Registration** |  |  |  |  |  |
| **Day 2 = Start of Activity** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Days** |  |  |  |  |  |
| **Total Hours of Support****(Must match with or exceed GLHs given in Part 2 of Enrolment Form)**  |  |  |

**N.B:**

* First day of activity to be specified as **Day 1**
* 6 Weekly activity date to be specified as **Progress Review** 1, 2 and so on.
* Last date of activity to be specified as **Final Activity**.

**5 - Learner and Grant Recipient Declaration of Learner Employment Status**

**Grant Recipient Name:** **ULN:**

I ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Learner Full Name) confirm that

I am claiming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Benefit Claimed)

for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reasons for claiming specific benefit).

When Alex Baker ­­­­­­­­­­­­­(Course Advisor/Tutor Name) asked me to provide evidences of my Employment Status, I explained that I **cannot submit any preferred or alternative document\* as evidence of my Employment Status for the following reasons:**

|  |
| --- |
|  |
|  |

I certifythat the information given in this form is correct to the best of my knowledge.

Learner Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Recipient to complete Grant Recipient Declaration if no preferred or alternative document as evidence of Learner’s Employment Status is submitted.**

**\*(see list on “PREFERRED OR ALTERNATIVE DOCUMENT ACCEPTABLE AS EVIDENCE OF EMPLOYMENT STATUS“)**

**GRANT RECIPIENT DECLARATION FORM – Economically Inactive**

The ESFA Community Training programme is funded by the European Social Fund and the Education Skills Funding Agency. To meet funder requirements, partner organisations are required to verify the economic status of all project Learners on programme by reviewing and safely storing copies of all relevant verification documents.

If Learners are unable to provide formal documentation that confirms their unemployed status such as Job Seekers Allowance, Universal Credit or other relevant documents, Grant Recipient must complete this form.

**Participant Details:**

**Mr / Miss / Ms / Mrs** (**delete as appropriate**): **First Name + Surname**:

**Address**: **Postcode**:

**Grant Recipient Declaration:**

I (**Course Adviser**) Alex Baker, declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Learner Full Name**), qualifies for support and is eligible to enrol onto the ESF Community Grants Programme for the reasons below:

1. **Confirm how you *have attempted to collect the required evidence***
2. **Explain how / why you are satisfied that the reasons provided by participant are credible / plausible.**
3. **Explain how attending your Programme will benefit the Learner:**

Adviser Name: Alex Baker Adviser Signature 

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7 - LEARNER FILE CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner Name** |  | **ULN if Known** |  |
| **Grant Recipient Name** | **Gaydio Brighton CIC** |
| **DOCUMENT** | **Form** **No** | **Completed****Y / N** | **COMMENTS** |
| **Start of Programme** |  |  |  |
| **Learner Eligibility Evidences:**1. **NI Number entered on Enrolment Form**
2. **Evidence of / RIGHT TO WORK**
3. **Learner Signature present where required.**
4. **Benefit Evidence (if unemployed)**

**Evidence of Residency (Driving Licence not acceptable)**1. **Basic Skills Assessment Results Evidence**
 | 0 |  |  |
| **Learner Induction Checklist** | 1 |  |  |
| **ESF Grants Enrolment Form -/ Learner Agreement** | 2 |  |  |
| **Individual Learning Plan – IAG and Non-Accredited Initial Assessment – Learner Achievement Record** | 3 |  |  |
| **Learner Activity Timesheet** | 4 |  |  |
| **Learner and Grant Recipient Declaration of Learner Employment Status** | 5 |  |  |
| **Learner File Checklist** | 6 |  |  |
| **Learner Registration with Awarding Body** | 7 |  |  |
| **On Programme Delivery** |  |  |  |
| **Learner Quarterly/Mid-Programme Progress Review** | 8 |  |  |
| **Learner Activity Timesheet (minimum Monthly)** | 4 |  |  |
| **Learner Case Study (optional, minimum of 2 per contract)** | 9 |  |  |
| **End of Programme Evaluation** |  |  |  |
| **Learner Leaver Form** (Once Planned End Date passed)Until Learner has either withdrawn or completed activity, all docs still need to be completed, i.e. timesheets and progress review). | 10 |  |  |
| **Learner Exit Interview** (for Completion / Progression or Withdrawn) | 11 |  |  |
| **Certificate of Achievement** | 12 |  |  |
| **Relevant Progression Form:****PG01 Employment Progression Form****PG01 Self-Employment Progression Form****PG03 Learning Progression Form** | 13 |  |  |
| **Learner Activity Timesheet** (Total Hours to match with GLH on Enrolment Form) | 4 |  |  |
| **Learner Evaluation (Optional)** | 14 |  |  |
| **Learner Case Study (optional, minimum of 2 per contract)** | **9** |  |  |