|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual Learner Record and Agreement | | | | | | | | | | | | |
| Project Name:  **Filming the Future** | | | **Structured Learning Project Learning Aim Codes:**  Learner Start & Assessment - ZESF0001  Learning Subject(s)total hours:  Z000-7850 (media and communication) / 9058 (editing software)  Employability Support total hours Z000-9066  Work Experience forecast hours Z000 -9070 | | | | | | | | | |
| Project Delivery Organisation:  **Make Play Connect Ltd** | | |
| Learner start date: | | | (Main) Project activity postcode: NR3 3HX | | | | | | | | | |
| Learner Details | | | | | | | | | | | | |
| Title: Mr Mrs Miss Ms  Dr  other | | | Learner Reference Number: | | | | | | | | | |
| First Name: | | | Address: | | | | | | | | | |
| Surname: | | |
| Telephone Number: | | |
| Mobile Number: | | |
| Email: | | |
| Date of Birth: Age: | | | Post Code: | | | | | | | | | |
| Ethnicity: | | | National Insurance Number: | | | | | | | | | |
| Gender on my birth certificate: Male/Female (essential - for ESF stats only) | | | Gender I identify as (if different): | | | | | | | | | |
| Residency Status | | | | | | | | | | | | |
| Are you legally able to live and work in the UK for the duration of this learning project? | | | Yes - Evidence provided: | | | | | | | | | |  | | |
| Disabilities | | | | | | | | | | | | |
| Do you consider yourself as having a disability or learning difficulty? Yes No | | | | | | | | | | | | |
| If yes please tell us what your main disability or difficulty is: 🡺 | | | | | | | | | | | | |
| Emergency contact details | | | | | | | | | | | | |
| Emergency Contact Name: | | | Emergency Contact Number: | | | | | | | | | |
| Contact Preferences (Please tick all that apply) | | | | | | | | | | | | |
| Can we contact you? Please tick all that apply  Do you wish to be contacted:  I can be contacted about courses or learning opportunities  I can be contacted for surveys/research | | | | | | | How would you like to be contacted?  contact me by post  contact me by phone/text  contact me by email | | | | | |
| Please note that by enrolling on a LIFT Community Grant funded project with data collected by Norfolk County Council Adult Learning you are agreeing to grant us an exception for the following specific purposes only:   1. Learner destinations – We may contact you up to 12 months from the end of your course to establish what you have gone on to do 2. Service and curriculum updates – We may contact you to update you on changes that are being made to the service or to your course 3. We may contact you to take part in government and Ofsted learner satisfaction surveys | | | | | | | | | | | | |
| Prior Attainment  Please ask your tutor for assistance in completing this information if you are unsure of the level | | | | | | | | | | | | |
| What is the highest level of qualification you have previously achieved? | | | | | | | | | | | | |
| No qualifications | Entry | | Qualifications below Level 1 Level 1 | | | | | |  | Level 2 | | | |
| Level 3 Level 4 | Level | | Level 6 | | Level 7 | | | Other qualification  level unknown | | | | |
| Employment Status (please tick relevant boxes) | | | | | | | | | | | | |
| Employment status on first day of Learning : | | | | | | | | | | | | |
| Not currently in work & not in full time study | | | |  | | | | | | | |  | | |
| Please tick whether you have been unemployed for | | | | | | | | | | | | |
| less than 6 months | | for 6 – 11 months | | | | | 24 – 35 months | | | | | |
| for 12 – 23 months | | over 36 months | | | | |  | | | | | |
| If you are receiving benefits what is the main benefit you are receiving? | | | | | | | | | | | | |
| I am in receipt of JSA | | | I am in receipt of ESA (WRAG) | | | | | | | | | |
|  | | | Universal credit | | | | | | | | | |
| I am in receipt of another state benefit - state which: | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Household Situation - Please tick one or more of the following statements: | | | | | | | | | | | | |
| No member of the household in which I live (including myself) is employed | | | | | | | | | | | | |
| The household that I live in includes only one adult (aged 18 or over) | | | | | | | | | | | | |
| There are one or more dependent children (aged 0 – 17 years or 18-24 years if full time student or inactive) in the household | | | | | | | | | | | | |
| None of these statements apply | | | | | | | | | | | | |
| I confirm that I wish to withhold this information | | | | | | | | | | | | |
| Access arrangements for controlled assessments | | | | | | | | | | | | |
| As Appropriate - Learners requiring access arrangements for controlled assessment (e.g. GCSE, Functional Skills etc)  If you apply for access arrangements, we will process your application via the Access Arrangements Online (AAO) system. To do this we share some of your personal information, including name, date of birth and other relevant data with the Joint Council for Qualification (JCQ) and participating awarding bodies currently AQA, CCES, Edexcel, OCR and WJEC). These organisations use your personal data to support your application for access arrangements and will not use it for any other purpose without your consent unless authorised by law | | | | | | | | | | | | |
| Learner Declaration | | | | | | | | | | | | |
| I declare that, to the best of my knowledge, the information I have provided is correct and that should my circumstances change including my eligibility for concessionary fees, I will notify the project immediately. I consent to the use of my personal data as described in Restriction on the use of your Personal Data. I confirm that I have received appropriate information, advice and guidance on the choice and suitability of my learning plan, the entry requirement and the support available. I undertake to attend regularly and punctually the project learning activities and will inform project staff if I am no longer able to continue. I have read and understood the Learner Handbook and will comply with rules around respect for others and to keep myself and others safe. | | | | | | | | | | | | |
| Learner Signature: | | | | | | Learner Name (Print) | | | | | Date: | |
| Staff Signature: | | | | | | Staff Name: (Print) | | | | | Date: | |