



ESF Programme 2016-18

**European Union**European  
Social Fund

Project ID

Participant ID

Provider name

Project name

**Participant details**

Title

First name

Last name

Address

House or flat number

Postcode

Borough

Phone (home)

Phone (mobile)

Email address

Date of birth

Current age

**Evidence of address provided**

Utility bill (electricity, gas, water or telephone)

☐

Pension advice notification letter

☐

Council tax bill

☐

Driving licence (no older than 1 year)

☐

Bank account or credit card statement

☐

Jobcentre Plus letter

☐

Tenancy agreement

☐

Other (please write below)

☐

If you do not wish to provide a copy of evidence requested above please  
sign the box and write the reference number of the proof below

Reference number of proof

## Eligibility

### Proof of evidence to live/work in the UK provided

- |  |                          |
|--|--------------------------|
| Full passport (EU Member)  | <input type="checkbox"/> |
| Full passport (non EU Member State) - Passport either endorsed indefinite leave to remain or includes work, residency permits or visa stamps (unexpired) | <input type="checkbox"/> |
| Identity Card issued by the Home Office in place of a visa, confirming the individual's right to stay and work in the UK                                 | <input type="checkbox"/> |
| Letter from the UK Immigration and Nationality Directorate granting indefinite leave to remain (settled status)  | <input type="checkbox"/> |
| Birth / adoption certificate (EU Member State) <u>and including one of the following: P45,P60, national insurance card</u>                               | <input type="checkbox"/> |
| Residency permits for foreign nationals (usually in a passport)  | <input type="checkbox"/> |
| Marriage/civil partnership certificate (if partner has legal right to live in the UK and this can be evidenced)  | <input type="checkbox"/> |

If you are only able to live/work in the UK for a limited time please state the length of time.  
This will be subject to approval by London Councils.

If you do not wish to provide a copy of evidence requested above please sign the box and write the reference number of the proof below

Reference number of proof

## Gender identity

Male ☐ Female ☐ Intersex ☐ Other ☐ Prefer not to say ☐

## Ethnicity

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| White British - English/Welsh/Scottish/Northern Irish | <input type="checkbox"/> | Black/Black British - African              | <input type="checkbox"/> |
| White - Irish   | <input type="checkbox"/> | Black/Black British - Somali               | <input type="checkbox"/> |
| White - Roma, Gypsy or Irish traveller                | <input type="checkbox"/> | Black/Black British - Caribbean            | <input type="checkbox"/> |
| White - other   | <input type="checkbox"/> | Black/Black British - other                | <input type="checkbox"/> |
| Asian/Asian British - Indian                          | <input type="checkbox"/> | Mixed/Multiple - White and Black Caribbean | <input type="checkbox"/> |
| Asian/Asian British - Pakistani                       | <input type="checkbox"/> | Mixed/Multiple - White and Black African   | <input type="checkbox"/> |
| Asian/Asian British - Bangladeshi                     | <input type="checkbox"/> | Mixed/Multiple - White and Asian           | <input type="checkbox"/> |
| Asian/Asian British - Chinese                         | <input type="checkbox"/> | Mixed/Multiple - other                     | <input type="checkbox"/> |
| Asian/Asian British - other                           | <input type="checkbox"/> | Other ethnic group - Arab                  | <input type="checkbox"/> |
|   |                          | Other ethnic group - other                 | <input type="checkbox"/> |
|   |                          | Prefer not to say                          | <input type="checkbox"/> |

If you have chosen the Prefer not to say above please sign in the box to confirm that you do not wish to provide this information

Are you currently in education or training?

Yes

☐

No

☐

### Basic skills

Level of English

none

☐

Entry level

☐

Level 1

☐

Level 2 or above

☐

Level of Maths

none

☐

Entry level

☐

Level 1

☐

Level 2 or above

☐

Level of ESOL

none

☐

Entry level

☐

Level 1

☐

Level 2 or above

☐

### Highest level of education

ISCED 0 - Lacking foundation skills

☐

ISCED 3 - GCSE A-C/AS or A Level/NVQ or BTEC level 3

☐

ISCED 1 - Entry level functional skills/ Entry level foundation learning

☐

ISCED 4 - (No UK equivalent)

☐

ISCED 2 - GCSE D-G/BTEC Level-1 /Functional Skills Level 1

☐

ISCED 5 - 8 - BTEC level 5/NVQ level 4/ Foundation Degree or higher

☐

### Employment

National insurance number

(a copy of the National Insurance letter or card is required)

#### Employment status - please speak to your adviser before completing this section

Employed including self employed or zero hour contracts

☐

Unemployed (i.e. are you without work, immediately available for work and actively seeking work or officially unemployed?)

☐

Economically inactive (not employed or unemployed)

☐

#### If you are not working how long have you been without work ?

0-6 months

☐

6-12 months

☐

12-24 months

☐

2-3 years

☐

3 years or more

☐

#### Evidence of employment status

A letter or referral document from JCP or DWP

☐

A written referral from a careers service

☐

Other (please write below)

☐

A letter from doctor or social worker

☐

## Barriers to employment

Have you engaged with any projects or developed your skills in the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you an offender or ex-offender ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Do you have a long term health condition that limits your work ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Do you consider yourself to have a disability ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
If you have chosen the Prefer not to say to any of the above please sign in the box to confirm that you do not wish to provide this information		<div></div>	
Do have a mental health condition ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you recovering from drug and/or alcohol addiction or misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

## Household

**A household, is considered a social unit or family having common arrangements; sharing household expenses or daily needs; in a shared common residence or home. Jobless households are households where no member is in employment.**

Are you in receipt of Housing Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you living in temporary accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Do you live in a jobless household ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Do you live in a jobless household with dependent children ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you a single adult household with dependent children ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you homeless (broad definition) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
If you have chosen the Prefer not to say to any of the above please sign in the box to confirm that you do not wish to provide this information		<div></div>	
Are you a parent ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Are you a carer/Do you have caring responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

## How did you hear about the project

Please state how you hear about the project?	<div></div>
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**What information is collected and why?**

As part of the funding arrangements for this programme we must collect evidence of your eligibility and information about your participation in the programme. This will include ID checks, address checks, employment status and other evidence required for the particular programme you are enrolling on. We also need to keep information on your progress through the programme.

This programme is funded by the European Social Fund (ESF) via agreements with the Department of Work and Pensions (DWP), the Greater London Authority (GLA) and London Councils. We will only ask you for information required by ESF and the London Councils Grants Committee. Further information about the ESF programme generally can be found here; <http://ec.europa.eu/esf/home.jsp>

To enrol on a course funded under the London Councils ESF programme you must agree to provide the requested information because London Councils are not able to access the funding for the project without collecting the required information.

**What happens to my information?**

The information collected will be retained by both the provider who runs the programme and London Councils. Your details and documents will be stored securely and retained in compliance with the Data Protection Act 1998 and will be retained for seven years after the end of the European Social Fund (ESF) programme. This may be sometime after the closure of the project you have enrolled on. The information needs to be kept for audit purposes.

This information will be used to evaluate this project and to report to London Councils, GLA and ESF for monitoring purposes. The GLA and London Councils will provide statistical information to a number of organisations, and may report on the programme as a whole, or on cross sections of the programme such as the numbers of participants for individual London boroughs. The information will not mention you by name, or any other distinguishing feature and will be provided in pseudonymised or anonymised format.

Your contact details will be sent to the DWP who may contact you to discuss your involvement in the project. You can choose whether or not to participate in research related to your programme.

**Who is responsible for my information?**

For the purposes of the Data Protection Act 1998, the DWP is the data controller in respect of information processed in relation to your participation in the programme funded by the European Social Fund, whilst London Councils and the programme provider are data processors.

**Participant declaration**

I have read the above privacy notice. I confirm that I am legally able to reside/work in the UK during the period of ESF support. I confirm that the Employment, Household and Barriers to employment sections of this enrolment form are a true and accurate statement. I have received an ESF induction and understand that my place is funded by the European Social Fund.



**Participant ID or  
PRINT name**

**Participant signature**

**Signature Date**

**Participant start date**

Project declaration

I confirm that the participant is eligible for a funded place on this project.

The participant has understood the Declaration above and understands that their place on the project is funded by the European Social Fund.

I have seen the evidence of address, eligibility and employment status.

Signed on behalf of project by (PRINT NAME)

Job title

Staff signature

Signature Date

NO DWP

NO DWP reason