**Tees Valley ESF Community Grants – Eligibility Form**

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| **Provider Name** |  | | **Programme Name** | |  | |
| **Learning Aim Ref** | | **Course Name** | | **Start Date** | | **End Date** |
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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | |
| **Title: (e.g. Mr, Mrs, Miss)** | | |  | | | | | | | | | | | | |
| **Forename (First Name):** | | |  | | | **Middle Name:** | | | | |  | | | | |
| **Surname:** | | |  | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | |
| **Town** | | |  | | | | **Postcode:** | | | | | |  | | |
| **E-mail Address:** | | |  | | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | | **Age:** | | | |  | | | |
| **NI Number:** | | |  | | | | | **Gender:** | | | |  | | | |
| **Home Telephone No:** | | |  | | | | | **Mobile No:** | | | |  | | | |
| **ETHNIC STATUS** | | | | | | | | | | | | | | | |
| **White** | | **Mixed / Multiple**  **Ethnic Group** | | | **Asian / Asian**  **British** | | | | | **Black/ African /**  **Caribbean** | | | | **Other Ethnic Group** | |
| British | 🞏 | White & Black Caribbean | | 🞏 | Indian | | | | 🞏 | African | | 🞏 | | Arab | 🞏 |
| Irish | 🞏 | White & Black African | | 🞏 | Pakistani | | | | 🞏 | Caribbean | | 🞏 | | Any Other Ethnicity | 🞏 |
| Gypsy/Irish Traveller | 🞏 | White and Asian | | 🞏 | Bangladeshi | | | | 🞏 | Any Other Black | | 🞏 | | Any Other Asian | 🞏 |
| Any Other White | 🞏 | Any Other Mixed | | 🞏 | Chinese | | | | 🞏 |  | |  | |  |  |

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| **HIGHEST QUALIFICATION** | | | | | |
| No Formal Qualifications | 🞏 | Entry Level or Below | 🞏 | Level 1 (GCSE D-G / NVQ 1) | 🞏 |
| Level 2 (5 GCSE’s A-C) | 🞏 | Level 3 (A-Level / NVQ 3) | 🞏 | Level 4 (HNC / NVQ 4) | 🞏 |
| Level 5 (HND / NVQ 5) | 🞏 | Level 6 (Degree) | 🞏 | Level 7+ (Post Graduate) | 🞏 |

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| **DISABILITY STATUS** | | | | | | | |
| Do you consider yourself to have any long term disability, health or learning difficulties? | | | **Yes** | 🞏 | **No** | 🞏 | |
| **­Learning Difficulty** | | **Disability / Medical Condition** | | | | | |
| Moderate Learning Difficulty | 🞏 | Visual Impairment | | | | | 🞏 |
| Severe Learning Difficulty | 🞏 | Hearing Impairment | | | | | 🞏 |
| Dyslexia | 🞏 | Disability Affecting Mobility | | | | | 🞏 |
| Dyscalculia | 🞏 | Other Physical Disability | | | | | 🞏 |
| Other Specific Learning Difficulty (e.g. Dyspraxia) | 🞏 | Other Medical Condition (e.g. epilepsy, diabetes) | | | | | 🞏 |
| Other Learning Difficulty | 🞏 | Temporary Disability After Illness or accident | | | | | 🞏 |
| Social and Emotional Difficulties | 🞏 | Profound Complex Disabilities | | | | | 🞏 |
| Prefer Not To Say | 🞏 | Asperger’s Syndrome | | | | | 🞏 |
| Autism Spectrum Disorder | 🞏 | Speech, Language and Communication needs | | | | | 🞏 |
| Mental Health Difficulty | 🞏 | Other Disability | | | | | 🞏 |
| **HOUSEHOLD STATUS** | | | | | | | |
| No member of household in employment and 1 or more dependent children (0-17 or 18-24 if student) | | | | | | | 🞏 |
| No member of household is in employment and no dependent children | | | | | | | 🞏 |
| Household only includes one adult (irrespective of their employment status) with dependent children | | | | | | | 🞏 |
| None of the above | | | | | | | 🞏 |

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| **RESIDENCY STATUS** | | | | | |
| Country of Birth: |  | | Nationality: |  | |
| Live in the Tees Valley: | Yes🞏 | No 🞏 | Work Permit Needed: | Yes🞏 | No 🞏 |
| UK Resident | Yes🞏 | No 🞏 (please add residency status) | | | |

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| **ELIGIBILITY** | | | | | | | | | | | |
| Are you 16 or over: | | Yes🞏 | | No 🞏 | Employment Status: | | | | Unemployed 🞏 | | Inactive 🞏 |
| **Benefit Type:** | | | | | | | | | | | |
| Jobseekers Allowance 🞏 | | | Universal Credit 🞏 | | | | Employment Support Allowance (WRAG) 🞏 | | | | |
| Other – Please State: |  | | | | | | | | | | |
| If on Universal Credit – Please confirm you are NEET? | | | | | | Yes 🞏 | | No 🞏 | | N/A 🞏 | |
| **Unemployment Length:** | | | | | | | | | | | |
| Less than 6 Months 🞏 | | | 6 – 11 Months 🞏 | | | | 12 – 23 Months 🞏 | | | | |
| 24 – 35 Months 🞏 | | | Over 36 Months 🞏 | | | |  | | | | |

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| **Eligibility** | **Supporting Document** | **Unique**  **Reference** | **Advisor Signature** |
| **Eligible for ESF**  **Programme** | Full Passport (EU Member) |  |  |
| Birth or Adoption Certificate |  |  |
| Letter from UK Immigration |  |  |
| National Identity Card (EU) |  |  |
| Marriage or Civil Partnership Certificate |  |  |
| **Unemployed or Economic Inactive** | JCP or DWP Benefit Decision Letter |  |  |
| Written Referral from JCP |  |  |
| Written Referral from Careers Service |  |  |
| Written Inactive Confirmation from 3rd Party |  |  |
| **Aged 16 or Over** | Birth Certificate |  |  |
| Full or Provisional Driving License (EU) |  |  |
| Full Passport |  |  |
| National Identity Card (EU) |  |  |
| Confirmation from Education Provider |  |  |
| **Confirmation of Tees Valley Address** | Confirmation from Home Owner |  |  |
| Full or Provisional Driving License (EU) |  |  |
| Recent Bank or Credit Card Statement |  |  |
| Evidence of Electoral Roll Registration |  |  |
| Benefits, Pension or HMRC Correspondence |  |  |
| Recent Utility, Council Tax or Rent Bill |  |  |

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| **PERSONAL INFORMATION** | | | | | | | | | |
| The personal information you provide is passed to the Education & Skills Funding Agency. Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet 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). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education. You may be contacted by the European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.  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    The information you supply will be used by the Education & 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. Your information will be destroyed after it is no longer required for these purposes. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK. Further details of how your information is processed and shared can be found at: https://www.gov.uk/government/publications/lrs-privacy-notices    You can agree to be contacted for other purposes by ticking any of the following boxes: | | | | | | | | | |
| 🞏 | About courses and learning opportunities | 🞏 | For surveys and  research | 🞏 | By Post | 🞏 | By Phone | 🞏 | By email |

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| **LEARNER DECLARATION** | | | | | | | | | | |
| I understand how the programme is supported and funded, that I am on a programme funded by the ESF and I am not currently on any other ESF Programme. | | | | | | | | | | 🞏 |
| I understand how the programme will be delivered and agree to be contacted in connection with the programme by the provider or members of the funding authorities. | | | | | | | | | | 🞏 |
| I am also satisfied that I have received a comprehensive induction from the organisation which has, as a minimum, covered all of the information below which is confirmed by : | | | | | | | | | | 🞏 |
| ESF Funding | 🞏 | | Equality & Diversity | 🞏 | Key Information & Contacts | 🞏 | Disclosure and Consent | | | 🞏 |
| Code of Conduct | 🞏 | | Safeguarding | 🞏 | Support Arrangements | 🞏 | Bullying & Harassment | | | 🞏 |
| Complaints Policy | 🞏 | | Health & Safety | 🞏 | IAG / Initial Assessment | 🞏 | Details of Programme | | | 🞏 |
| I confirm that all the information completed and contained in this document is accurate and true | | | | | | | | | | |
| Print Name: | |  | | | | | | | | |
| Learner Signature: | |  | | | | | | Date: |  | |

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| **ORGANISATION DECLARATION** | | | |
| I confirm I have seen evidence to verify the participant’s eligibility for the ESF Community Grants Programme | | | |
| Print Name: |  | | |
| Provider Signature: |  | Date: |  |
| Organisation Name |  | | |

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