

# ESF Short Record



Change notification

## Section 1 to be completed by the learner

**L09 Surname**

**L10 Forename/s**

**L18 Home address**

**L19**

**L20**

**L21**

**L17 Home Postcode**

**L23 Telephone number**  
(including STD Code)

**L11 Date of birth** dd/mm/yyyy

**L13 Sex** Male  Female

**L14 Learning Difficulties/Disabilities**  
Do you consider yourself to have a disability, health problem or any learning difficulties? (Y/N/blank)

**L12 Ethnicity**

**Data Protection Act 1998** The information you provide on this form will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding and planning education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners. The LSC is also a co-financing organisation and uses European Social Funds from the European Union to directly or indirectly part-finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about partner organisations and what they do, may be found at <http://www.lsc.gov.uk>, and by following the links to data protection.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision. Tick box L27a if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England. The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick box L27b if you do not wish to be contacted about courses or learning opportunities by post

L27a  L27b

I certify that the information contained in this section is correct

Learner's signature

Date

## Note to the learner

The boxes highlighted in green should all be completed with the details you have given us on the booking and enrolment forms. We have coded them according to ESF regulations. If any green boxes are still blank, please make sure you write in the answer or talk to the VAS administrator about it. Check that the details haven't changed and sign the yellow box above.

## Thank you



This activity has been directly or indirectly part-financed by the European Union through European Social fund-helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.

## Learning+Skills Council

**L/A03 Learner ref. no.**

**L25 LSC number**

**L01 Provider number (UPIN)**

**A23 Delivery location postcode**

**E22 Project dossier number**  
(measure level)

**E23 Local project number**

**A09 Learning aim reference**

**E20 Learner Background (enter up to 3)**

**E12 Just before you started this course your employment status was:**

**E14 If you were unemployed, it is this long since you were employed:**

**L35 This is the highest qualification you have previously achieved**

**E13 If you were employed, your job title was**

**A24 and this is the closest available description:**

And your job was	Secure	Threatened by redundancy
------------------	--------	--------------------------

**E15 Your employer's size is**

**E11 and their sector is**

**L15 You have this disability or health problem**

**L16 You have this learning difficulty**

**E21 if you are disabled, you require this support from the training provider**

<b>E18 Delivery Mode</b>	<b>A</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E19 Learner Support</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E16 Gender Stereotyping</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>A09b Level of Learning</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>A09c Area of Learning</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E17 Main co-financing activity</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>A10 LSC Funding Stream</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E08 Date started ESF co-financing (A27)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E09 Planned end date for ESF co-financing (A28)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 3

To be completed by the provider at programme end  
Enter the time taken in hours and minutes (this data is not recorded in the LSC ILR database)

**A34 Completion status**  **A35 Learning outcome**

**L39 After the course you will be**

**E10 Date ended ESF co-financing**

I certify that the information contained in sections 2&3 is correct

Provider's signature

Print name

Date