

## ESF Community Grants Participant File [SAMPLE]

Participant name:

Project Name:

Organisation:

Region

Coventry & Warwickshire

West Yorkshire

### About the Participant File

- This form is for project staff and participants to complete together. It is designed to help the Project Worker collect all the information they need for the European Social Fund and the Education and Skills Funding Agency.
- Parts 1 to 4 must be completed before the first activities are undertaken in the project.
- Part 5 must be completed during project activities.
- Part 6 must be completed once activities are complete

### About ESF Community Grants

- ESF Community Grants are funded by the European Social Fund (ESF) and the Education and Skills Funding Agency (ESFA).
- For more information about the Fund, please visit [www.groundwork.org.uk/esfcommunitygrants](http://www.groundwork.org.uk/esfcommunitygrants)

Version 1 April 2019



# PART 1: Participant Details [SAMPLE]

## 1.1 Your Details

Unique Learner Number (ULN) if known

Given name(s):

Last name:

Sex:  Male  Female

Date of Birth (DD/MM/YYYY)  /  /  Age on enrolment

Address: House number

Address line 1

Address line 2

Address line 3

County

Postcode

Postcode prior to enrolment

Phone Number

Mobile Number

Email Address

National Insurance Number

## 1.2 Your Ethnicity Please tick **one** category that you feel best describes your ethnic origin:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African  | <input type="checkbox"/> Indian                     | <input type="checkbox"/> Any other Asian background                      |
| <input type="checkbox"/> Arab   | <input type="checkbox"/> Irish                      | <input type="checkbox"/> Any other Black / African/ Caribbean background |
| <input type="checkbox"/> Bangladeshi  | <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Any other mixed / Multiple ethnic background    |
| <input type="checkbox"/> Caribbean  | <input type="checkbox"/> White & Asian              | <input type="checkbox"/> Any other White background                      |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> White & Black African      | <input type="checkbox"/> Any other ethnic group                          |
| <input type="checkbox"/> English/ Welsh/ Scottish/<br>Northern Irish/ British | <input type="checkbox"/> White & Black<br>Caribbean |  |
| <input type="checkbox"/> Gypsy or Irish Traveller                             |   |  |

Please tick if you would prefer not to give your ethnicity:

# PART 1: Participant Details (continued) [SAMPLE]

## 1.3 Learning difficulty, disabilities or health problems

a. Do you consider yourself to have a learning difficulty and/or disability and/or health problem?  Yes  No  Prefer not to say

b. If yes, please tick **all** that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Visual impairment                 | <input type="checkbox"/> Severe learning difficulty  | <input type="checkbox"/> Other physical disability  |
| <input type="checkbox"/> Hearing impairment                | <input type="checkbox"/> Dyslexia  | <input type="checkbox"/> Other Specific learning difficulty (e.g. Dyspraxia)              |
| <input type="checkbox"/> Disability affecting mobility     | <input type="checkbox"/> Dyscalculia   | <input type="checkbox"/> Other medical condition (for example epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Profound complex disabilities     | <input type="checkbox"/> Autism spectrum disorder  | <input type="checkbox"/> Other learning difficulty  |
| <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Asperger's syndrome   | <input type="checkbox"/> Other disability   |
| <input type="checkbox"/> Mental Health difficulties        | <input type="checkbox"/> Temporary disability after illness (for example post viral) or accident | <input type="checkbox"/> Not provided   |
| <input type="checkbox"/> Moderate learning difficulty      | <input type="checkbox"/> Speech, Language and Communication Needs                                |   |

c. If you have selected more than one option above, please indicate which you would consider to be your Primary LLDD and Health problem:

d. Do you have an Education Health Care Plan?  Yes  No

## 1.4 Your Education

Tick **one** option below for the highest level of education or qualification you currently hold:

- |  |   |
|--|---|
| <input type="checkbox"/> Entry Level                                   | <input type="checkbox"/> Level 5                              |
| <input type="checkbox"/> Other qualifications below Level 1 (GCSE D-G) | <input type="checkbox"/> Level 6                              |
| <input type="checkbox"/> Level 1 (GCSE D-G)                            | <input type="checkbox"/> Level 7 and above                    |
| <input type="checkbox"/> Full Level 2 (5 or more GCSEs A-C)            | <input type="checkbox"/> Other qualification, level not known |
| <input type="checkbox"/> Full level 3 (2 or more A levels)             | <input type="checkbox"/> Not known                            |
| <input type="checkbox"/> Level 4                                       | <input type="checkbox"/> None                                 |

# PART 1: Participant Details (continued) [SAMPLE]

## 1.5 Your Employment Status & Benefits

a. We need to confirm your employment status: please tick one category:

<input type="checkbox"/> In paid Employment
<input type="checkbox"/> Not in paid employment, looking for work and available to start work
<input type="checkbox"/> Not in paid employment, not looking for work and/or not available to start work

b. Date Employment Status Applies:

c. If you are unemployed could you tell us, by ticking one box below, how long have you been out of work?

<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> between 6 - 11 months
<input type="checkbox"/> between 12 – 23 months	<input type="checkbox"/> between 24 – 35 months
<input type="checkbox"/> Over 36 months	

d. Were you in full time education or training prior to enrolment?  Yes  No

e. Are you currently claiming any benefits?  Yes  No

f. If **yes**, which ones?

<input type="checkbox"/> Jobseeker's Allowance (JSA)
<input type="checkbox"/> Universal Credit
<input type="checkbox"/> Employment and Support Allowance - Work Related Activity Groups (ESA – WRAG)
<input type="checkbox"/> Other state benefit other than JSA, Universal Credit

## 1.6 Your Household Situation

Please tick one box below that most accurately reflects your current household situation:

No household member is in employment <u>and</u> the household includes one or more dependent children	<input type="checkbox"/>
No household member is in employment and the household does not include any dependent children	<input type="checkbox"/>
Lives in a single adult household with dependent children	<input type="checkbox"/>
None of the above statements apply	<input type="checkbox"/>
Participant wishes to withhold this information	<input type="checkbox"/>

# PART 2: Programme Details [SAMPLE]

Please note: Part 2 must be completed by the Project Worker

## 2.1 Programme Details – Unregulated Learning (required)

(ZESF0001)			
Title of Activity:			
Delivery Location Postcode:			
Start Date:		Planned End Date:	
Proposed Activities & Learning Outcomes:			
Please Specify the number of learning hours that will delivered by ticking one of the options below:			
<input type="checkbox"/> up to 12 hours (Z0007848)	<input type="checkbox"/> 13 – 20 hours (Z0007849)	<input type="checkbox"/> 21 – 44 hours (Z0007850)	<input type="checkbox"/> 45-68 hours (Z0007851)

## 2.2 Programme Details – Regulated Learning (optional)

If you are delivering any <b>regulated</b> learning as part of this learner’s programme please provide the details below:			
Learning Aim Reference No.			
Delivery Location Postcode:			
Course Title:			
Start Date:		Planned End Date:	
Proposed Activities & learning Outcomes:			

# PART 3: Declarations [SAMPLE]

## 3.1 Participant Declaration

By signing below, I, the above mentioned participant, confirm the following:

<p>✓ I know that the support I will be offered is funded by the European Social Fund and the Education &amp; Skills Funding Agency.</p>
<p>✓ The information provided in the form is, to the best of my knowledge, accurate.</p>
<p>✓ If I have ticked a 'Prefer not to say' option anywhere on this form, I confirm that I am refusing consent for this information to be collected for the purposes of equality monitoring.</p>
<p>✓ I fulfil the residency and employment status regulations for the ESF/ESFA in England</p>
<p>✓ I can confirm I have read the <b>Participant Privacy Note</b></p> <p>✓ I confirm that these are my ESFA/ESF contact preferences, as stated on the Privacy Note, regarding other purposes (those not directly related to the delivery of my learning)</p> <p>✓ I <b>do</b> want to be contacted:</p> <p><input type="checkbox"/> About courses or learning opportunities.</p> <p><input type="checkbox"/> For surveys and research.</p> <p>My preferred method (s) of contact for other purposes are:</p> <p><input type="checkbox"/> By e-mail. <input type="checkbox"/> By post. <input type="checkbox"/> By phone.</p>
<p>By ticking the box below I confirm I <b>do</b> wish to be contacted by Groundwork regarding information on other programmes, activities and services: <input type="checkbox"/></p>

Name (please print):	
Signature:	Date:

## PART 3: Declarations (continued) [SAMPLE]

### 3.2 Participant Funding and Monitoring

Please confirm if any of the statements below apply to this participant:

Has the participant enrolled onto this provision as part of a provider merger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the participant moved from another provider as a result of the Minimum Contract level not being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 16-18 years old, is the participant eligible for, and have they taken up, free school meals at any point during the teaching year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3.3 Participant Eligibility Evidence

Please tick the evidence the participant has presented, and record the relevant details:

<input type="checkbox"/> British Passport	Reference no. (last 4 digits)	Issue Country:	Valid to date:
<input type="checkbox"/> Passport or national identity card (of a European Economic Area Country or Switzerland)	Reference no. (last 4 digits)	Issue Country:	Valid to date:
<input type="checkbox"/> Visa details (if applicable)			
<input type="checkbox"/> Driving Licence	Reference no. (last 4 digits)		
<input type="checkbox"/> Birth / Adoption Certificate :	Reference no. (last 4 digits)		
<input type="checkbox"/> Letter from HMRC	<input type="checkbox"/> Utility Bill/Phone Bill:	<input type="checkbox"/> Bank Statement:	<input type="checkbox"/> Council Tax:
<input type="checkbox"/> Other (please specify)			

# PART 3: Declarations (continued) [SAMPLE]

## 3.4 Project Officer Declaration

Project officer, tick each box to confirm:

<input type="checkbox"/>	The participant has been told that the support they'll be offered is funded by the European Social Fund and the Education & Skills funding Agency.
<input type="checkbox"/>	The information provided in the form is, to the best of my knowledge, accurate.
<input type="checkbox"/>	Aged 16 or over (Leeds) Aged 18 or over (Coventry & Warwickshire)
<input type="checkbox"/>	I have confirmed that the participant is legally resident in the UK
<input type="checkbox"/>	The participant is able to take paid employment in a European Union member state
<input type="checkbox"/>	I understand that this form and the items of evidence provided must be retained until at least 31 December 2030
<input type="checkbox"/>	I understand that Groundwork UK, ESFA and the ESF reserve the right to audit the documentation held and to withhold or claw back payment where correct evidence is not in place.

Name (please print):

Job Title:

Organisation:

Signature:

Date:



# PART 4: Action Planning [SAMPLE]

## Soft Skills Assessment – Reading 1

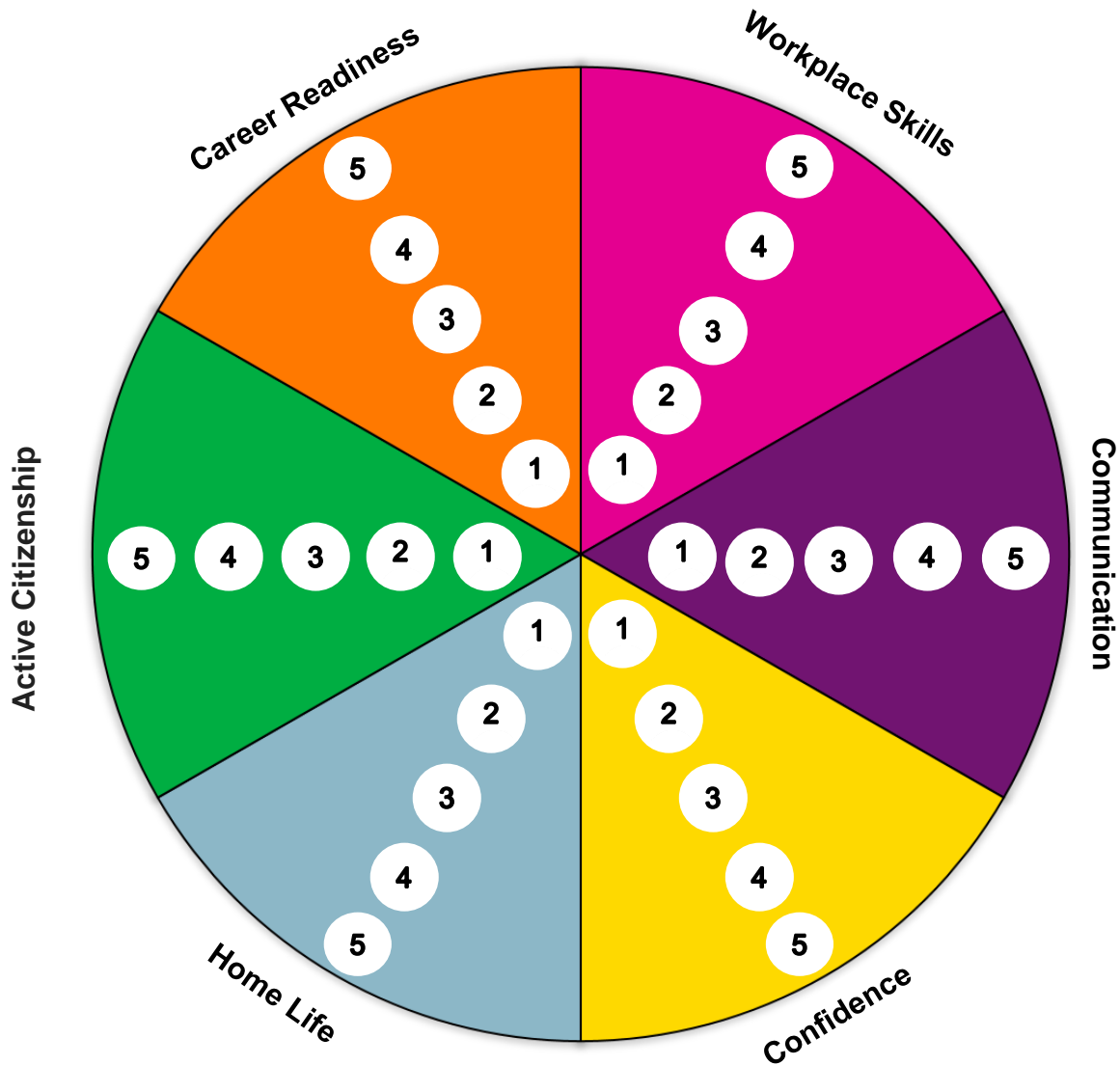
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please use the chart to score yourself out of 5

1 is the lowest score and indicates that you **do not** meet the description at all

5 is the highest score and indicates that you **fully** meet the description



**Career Readiness** – I know what will be expected of me in my future career, and I am motivated to begin working

**Confidence** - I feel ready and able to start a job

**Workplace Skills** – I can get along with co-workers, and be responsible and helpful even when things aren't going my way

**Home Life** – I am secure in my home and family / personal life

**Communication** – I can communicate well with different people in the workplace (e.g. managers, workers and customers)

**Active Citizenship** – I understand British Values and my responsibilities as a citizen

## PART 4: Action Planning (continued) [SAMPLE]

### 4.2 Initial Personal Assessment

We would like to know a bit more about your current situation to enable us together to identify your personal goals and agree a development plan. You should also complete the 1<sup>st</sup> version of our Soft Skills Assessment.

**Tell us about your current living situation (housing arrangements, work or education)?**

**What are your personal strengths, skills, knowledge and abilities?**

**Are there any skills, training or qualifications you would like to gain?**

**How do you currently spend your spare time?**

**What are your personal goals for the future?**

- 1.
- 2.
- 3.

**Are there things that are stopping you reaching your goals (housing situation, transport, childcare, health issues etc.)?**

# PART 5: Attendance Register and Development Plan [SAMPLE]

Additional registers can be downloaded from our website if they are required

<b>First Name:</b>		<b>Surname:</b>		<b>ULN</b>														
<b>Date</b>	<b>Details</b>			<b>Duration (minutes)</b>	<b>Objective or Actions</b>										<b>Completed</b>			
<b>Total Contact Time:</b>																		
<b>Grantee staff signature:</b>			<b>Date:</b>	<b>Participant signature:</b>			<b>Date:</b>											

# PART 6: Programme Completion & Progression [SAMPLE]

## 6.1 Programme Completion

Learning Actual End Date:	
Did the participant complete the provision/course?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide reason below)
If applicable withdrawal reason: (please tick below)	
<input type="checkbox"/> 2 Participant has transferred to another provider <input type="checkbox"/> 3 Participant injury / illness <input type="checkbox"/> 7 Participant has transferred between providers due to intervention by or with the written agreement of the ESFA <input type="checkbox"/> 40 Participant has transferred to a new learning aim with the same provider <input type="checkbox"/> 41 Participant has transferred to another provider to undertake learning that meets a specific government strategy	<input type="checkbox"/> 43 Financial reasons <input type="checkbox"/> 44 Other personal reasons <input type="checkbox"/> 46 Exclusion <input type="checkbox"/> 47 Participant has transferred to another provider due to merger <input type="checkbox"/> 97 Other <input type="checkbox"/> 98 Reason not known
Did the participant achieve the intended learning outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6.2 Final Destination & Progression

Destination & Progression Type	Tick to confirm (one option only)	
Education	<input type="checkbox"/> Traineeship	<input type="checkbox"/> Other FE (Full-time)
	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Other FE (Part-time)
	<input type="checkbox"/> Supported Internship	<input type="checkbox"/> Higher Education
	Education Provider Name:	
	Start Date:	
Course Title:		
Planned GLH:		

(continued overleaf)

# PART 6: Programme Completion & Progression [SAMPLE]

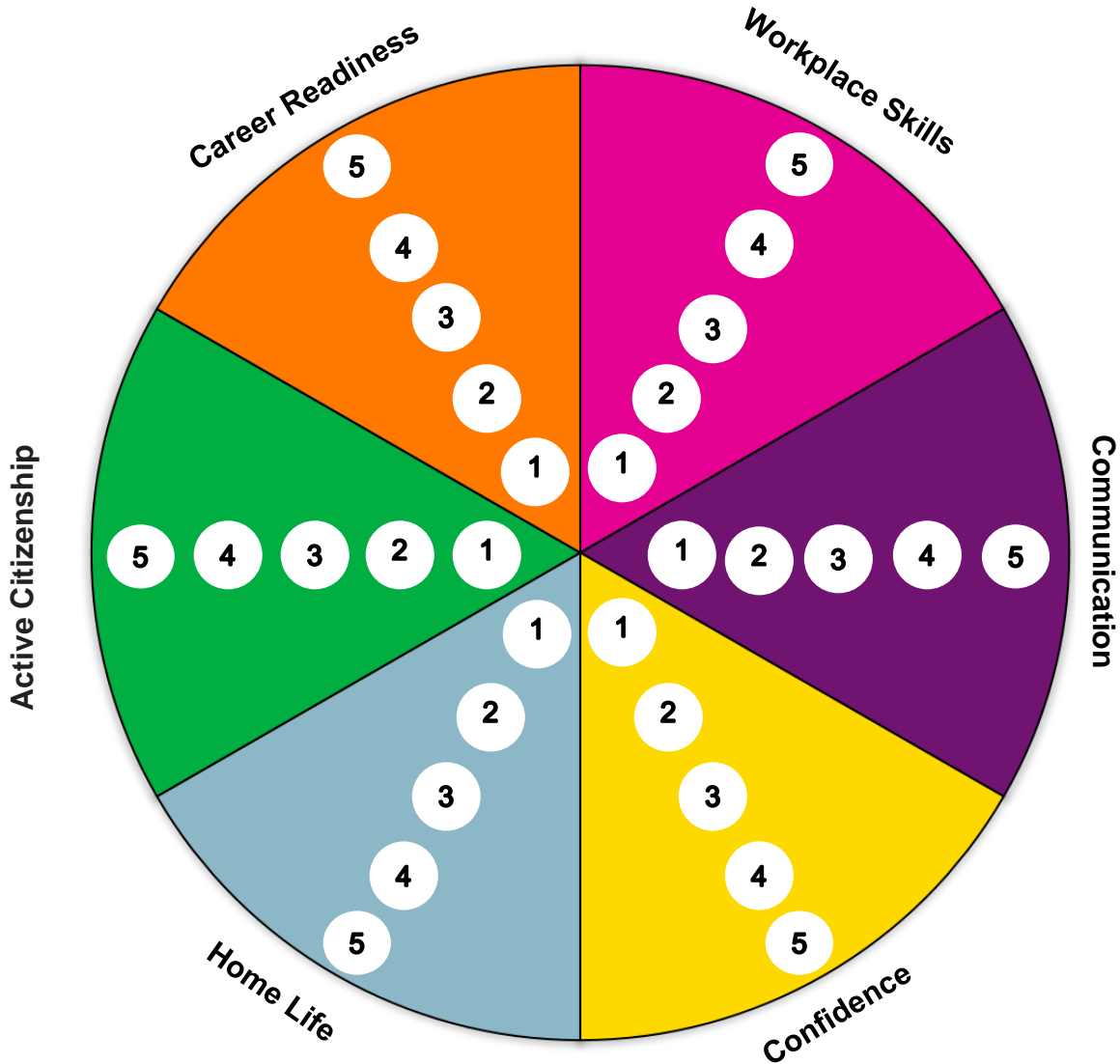
In paid employment	<input type="checkbox"/> In paid employment for 16 hours or more per week <input type="checkbox"/> In paid employment for less than 16 hours per week <input type="checkbox"/> Self-employed for 16 hours or more per week <input type="checkbox"/> Self-employed for 16 hours or more per week <input type="checkbox"/> Self-employed for less than 16 hours per week		
	Employer Name & Address:		
	Job Title:		
	Start Date:		Contracted hours:
	Self-Employment Evidence <i>(one of these must be seen as evidence)</i>	<input type="checkbox"/> HMRC letter evidencing registration <input type="checkbox"/> Bank statement for business account <input type="checkbox"/> Registration with Companies House	
Not in paid employment	<input type="checkbox"/> Not in paid employment, looking for work and available to start work <input type="checkbox"/> Not in paid employment, not looking for work and/or not available to start work (including retired)		
Gap year	<input type="checkbox"/> Gap year before starting HE		
Other	<input type="checkbox"/> Other outcome - not listed <input type="checkbox"/> Unable to contact participant <input type="checkbox"/> Not known		
Voluntary Work	<input type="checkbox"/> Voluntary Work		

Destination & Progression Dates	
Destination/Progression start date	
Destination/Progression end date (if applicable) <i>only return this date if the Destination &amp; Progression has ended at the time of collection</i>	
Destination/Progression collection date	
Project Officer Name	
Project Officer Signature	

## Soft Skills Assessment – Reading 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the chart to score yourself out of 5  
 1 is the lowest score and indicates that you **do not** meet the description at all  
 5 is the highest score and indicates that you **fully** meet the description



**Career Readiness** – I know what will be expected of me in my future career, and I am motivated to begin working

**Confidence** - I feel ready and able to start a job

**Workplace Skills** – I can get along with co-workers, and be responsible and helpful even when things aren't going my way

**Home Life** – I am secure in my home and family / personal life

**Communication** – I can communicate well with different people in the workplace (e.g. managers, workers and customers)

**Active Citizenship** – I understand British Values and my responsibilities as a citizen

## 6.3 Final personal assessment

How have you progressed against the soft skills self-assessment? Review your scores since the start of the programme with your project worker. How do you feel about the progress you have made?

What have you done in your own time to make progress towards your goals?

What further support do you need after completing this programme to help you reach your goals?

**Project Worker Comments on overall progress:**

Participant Name:		
Participant Signature:		Date:
Project Worker Name:		
Project Worker Signature:		Date:

**END OF FILE [SAMPLE]**