

Participant Evidence Form - Solent Apprenticeship & Skills Hub

Participant Name:	DOB:
Gender:	Employer Name:
Postcode:	Email Address:
Do you consider yourself to be disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you consider yourself to be an offender or ex-offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which best describes your current situation: <input type="checkbox"/> unemployed short term <input type="checkbox"/> unemployed long term <input type="checkbox"/> In education or training <input type="checkbox"/> Not in education or training <input type="checkbox"/> Employed including self-employment

Ethnicity:			
White (English/Welsh/Scottish/British)	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
White Gypsy or Irish Traveller	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any other mixed/multiple background	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>	African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Any other Black/African/Caribbean	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>

Current Level of Attainment:	
No Qualifications	<input type="checkbox"/>
Level 1 (Lower Grade GCSE's)	<input type="checkbox"/>
Level 2 (GCSE Grade A – C)	<input type="checkbox"/>
Level 3 (BTEC, A Level etc)	<input type="checkbox"/>
Level 4 (HNC/HND)	<input type="checkbox"/>
Level 5 (foundation degree)	<input type="checkbox"/>
Level 6 (Batchelors Degree)	<input type="checkbox"/>
Level 7 (Masters Degree)	<input type="checkbox"/>

Current Household Situation: (please tick all that apply)	
No member of the household in which I live is employed	<input type="checkbox"/>
The household in which I live includes only one adult (18 plus)	<input type="checkbox"/>
There are one or more dependent children in the household	<input type="checkbox"/>
None of these statements apply	<input type="checkbox"/>

Southampton City Council will ask you for information to provide this service. We may use it to contact you about this. We will only share your information with other organisations or council departments if we need to. We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows. Our Privacy Policy (<http://www.southampton.gov.uk/privacy>) explains how we handle your personal data. I confirm I am aware that I am receiving support and this is part funded from the European Social Fund (ESF). The information you provide to Solent Apprenticeship & Skills Hub/Skills Access Hub will be shared with the Department for Work & Pensions (DWP) and used to evaluate this project and to report to the [operation / project provider name] and European Social Fund for monitoring purposes, in line with European Commission regulatory requirements. Your information will also be shared with research organisations working on behalf of the Department for Work & Pensions who may contact you to discuss your involvement in the project for research purposes. Participation in

research is voluntary and you will be asked to consent before taking part in any research activity you may be contacted about. The DWP may also link your personal details to official administrative records in order to monitor your employment status before your ESF support began and 6 to 12 months after you left. This information may also be shared with research organisations working on behalf of the DWP however Version 5 published 4 June 2018 individuals will not be identifiable and you will not be contacted about this research. Data will not be used or shared for any commercial or marketing purposes. At all times your information will be kept securely, and nobody will have access to it that shouldn't. Please see DWP's link to the [Personal information charter](#)

Learner Signature:

Date

Advisor Signature:

Date

Please Note: If signing electronically please state that this is a true reflection of your information in the body of the email.

Office Admin Notes

Source:	
Summary:	
Referral Info:	
Start Info:	