



## Learner Agreement 19/20 – Apprenticeship Standards Only

**The minimum duration for all Standards is 372 days including Endpoint Assessment or longer if stated in the Standards. Before completing this form please ensure you have the correct PLR record and EDRS number. NB the name you provide below will be the name that appears on your qualifications certificates (if applicable) and will be used for Standard certificates.**  
(Please Complete with Black Pen and Capitals)

Learner Name \*: (incl middle name if applicable) \_\_\_\_\_

Assessor / Tutor: \_\_\_\_\_ Name of Partner/Sub-contractor \_\_\_\_\_

Apprenticeship Standard, code, level \* \_\_\_\_\_

**Transferring** from another provider/college, same qual? **Yes / No**. If yes, contact MITSkills prior to sign up.

**Progressing** from L2 to L3 or has prior learning/experience? **Yes/ No**, if Yes complete the remaining funding to be claimed, due to prior learning, in the box below (e.g. if no reduction is required funding is 100%) and obtain IQA signature.

<b>% Funding to be claimed after RPL/APL or prior learning - Main aim: Or Transfer (please evidence) All % approved by IQA</b>	<b>- Tech Cert: - F/skills:</b>	<b>IQA signature</b>
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Title of Qualifications see Standard / Regulated/Non-regulated	Awarding Body / Ref	% Funding	IQA Signature	Date Registered	Start Date *	Length of Stay * (Months)	Office Use Only. P.E.D
Programme aim						Incl EPA	
Component aims (Practical period)						Excl EPA	
<b>NB</b> the apprentice must sit L2 English and Maths during their Level 2 Apprenticeship as well as L1 unless exempt at Level 1 or 2 in either English and/or Maths at start.						<b>Office Use Only Actual End Date:</b>	

Address: \_\_\_\_\_ Unique Learner No (ULN) if known: \_\_\_\_\_

\_\_\_\_\_ National Insurance No: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel No \_\_\_\_\_

Mob No: \_\_\_\_\_ Email: \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Have you lived in the UK / EU / EEA for the last 3 years?** Yes  No  If No Answer B  
(Passport Held) **b) Parents have right to remain for last 3year UK / EU / EEA** Yes  No  If No Answer C  
**c) I have evidence of right to remain in UK** Yes  See Page 7 No

### Next of Kin details (This information will be used for emergency contact details)

Under 18 your next of kin is updated on your progress.

**1. Name of Next of Kin:** \_\_\_\_\_ **Next of Kin Tel Number:** \_\_\_\_\_

Address if different from above: \_\_\_\_\_ **Relationship to learner** \_\_\_\_\_

**2. Name of Next of Kin:** \_\_\_\_\_ **Next of Kin Tel Number:** \_\_\_\_\_

Address if different from above: \_\_\_\_\_ **Relationship to learner** \_\_\_\_\_

**Employment** – please tick all that apply:

Do you have the right to work in this role in England? Yes  No

Employed  Length of employment before start: \_\_\_\_\_ (months) Hours per week\*.....

**Job role / title:** \* \_\_\_\_\_

**Skill, trade or occupation for which the apprentice is being trained:** \* \_\_\_\_\_  
 (\*All apprenticeships must state this)

**Employment / Work experience details**, list including current first:

COMPANY NAME	FROM	TO	DETAILS – Please give a brief description of your duties.	REASON FOR LEAVING

Eligibility check: OK  Additional evidence required and attached

**Where did you hear about us?** Please tick one

Advertisement  Company  School / College  Friends  Website  Other: \_\_\_\_\_

**Previous qualifications - I confirm my PLR was available**

Name of last School or College attended: \_\_\_\_\_ Date of Leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list below the subjects you have taken at school / college and qualifications you have achieved or awaiting results for.

**Please provide copies of certificates achieved within 4 weeks of start**

SUBJECT / Level	RESULT

**Are you currently on or have you ever taken part in any Government funded training programme?** Please tick one.  YES  NO

**If yes', please give details:** \_\_\_\_\_

**Please tick the box(es) that you are most interested in:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Vehicle Body Repairer or Painter   | <input type="checkbox"/> Beauty        | <input type="checkbox"/> Hairdressing            | <input type="checkbox"/> Business Admin    |
| <input type="checkbox"/> Vehicle Mechanic on Cars or Trucks | <input type="checkbox"/> Plumbing      | <input type="checkbox"/> Electrical Installation | <input type="checkbox"/> Sports Facilities |
| <input type="checkbox"/> Business Improvement Techniques    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Customer Service        | <input type="checkbox"/> Engineering       |
| <input type="checkbox"/> Other (Give details).....          |  |  |  |

**MITSkills aims to ensure that no employee, trainee or any potential employees will receive less favourable consideration or treatment by virtue of his or her gender, race, colour, disability, marital status, sexual orientation, nationality or ethnic origin. Furthermore, we aim to ensure that no person would be disadvantaged by any condition or requirement, which cannot be shown as justified**

**Ethnicity codes and numbers are based on 2011 Census (please tick relevant box)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> White-English/Welsh/Scottish/Northern Irish/British (31) | <input type="checkbox"/> Indian (39)                                       | <input type="checkbox"/> Arab (47)               |
| <input type="checkbox"/> Irish (32)   | <input type="checkbox"/> Pakistani (40)                                    | <input type="checkbox"/> Any other (98)          |
| <input type="checkbox"/> Gypsy or Irish Traveller (33)                            | <input type="checkbox"/> Bangladeshi (41)                                  | ..... <input type="checkbox"/> Not Provided (99) |
| <input type="checkbox"/> Any other White background (34)                          | <input type="checkbox"/> Chinese (42)                                      |  |
| <input type="checkbox"/> White and Black Caribbean (35)                           | <input type="checkbox"/> Any other Asian background (43)                   |  |
| <input type="checkbox"/> White and Black African (36)                             | <input type="checkbox"/> African (44)                                      |  |
| <input type="checkbox"/> White and Asian (37)                                     | <input type="checkbox"/> Caribbean (45)                                    |  |
| <input type="checkbox"/> Any other Mixed / multiple ethnic background (38)        | <input type="checkbox"/> Any other Black/African/Caribbean background (46) |  |

**Do you consider yourself to have a disability, health problem or learning difficulty? Yes / No**

**From the list below, please tick relevant box(es) and indicate which is your one primary or most significant concern that may affect your learning: (codes shown are standard funding codes)**

	Primary		Primary		Primary
Visual impairment (4)		Severe learning difficulty (11)		Other physical disability (93)	
Hearing impairment (5)		Dyslexia (12)		Other specific learning difficulty e.g. Dyspraxia (94)	
Disability affecting mobility (6)		Dyscalculia (13)		Other medical condition e.g. epilepsy, asthma, diabetes, allergies (95)	
Profound complex disabilities (7)		Autism spectrum disorder (14)		Other learning difficulty (96)	
Social / Emotional difficulties (8)		Asperger's Syndrome (15)		Other disability (97)	
Mental health difficulty (9)		Temporary disability after illness or accident (16)		Prefer not to say (98)	
Moderate learning difficulty (10)		Speech, Language and Communication Needs (17)		Not Provided (99)	

If you select any code with "Other" above, please give details: \_\_\_\_\_

Do you have a Statement of Educational needs (SEN)? **Yes / No (If yes 19-24 please provide a copy)**

Do you have an Educational Health Care Plan (EHC)? **Yes / No (If yes and 19-24 please provide a copy).**

**Children and Care**

Are you under 25 and are you or have you recently been in local authority care? **Yes / No** (based on evidence provided). If you are a Care Leaver you do not have to declare this but if you do, there may be additional funding available for you, the employer and the Provider

If you have said Yes to the above, do you wish to claim the Care Leaver Bursary? **Yes /No.** For further details refer to the Learner Handbook. Information is also available on the MITSkills website.

Are you a Full Time Carer? **Yes/No**

Have you ever been convicted of an offence by a criminal court, other than a conviction which is spent by virtue of the Rehabilitation of Offenders Act 1974?

**YES / NO.....** (if yes, please attach details)

**To be collected for non-levy funded apprenticeships only**

Please tick which of the following statements apply (can be Opt1 and 2; Opt 1 and 3; Opt 2 and 3; and Opt 1, 2 and 3):

- 1 - No member of the household in which I live (including myself) is employed
  - 2 – The household that I live in includes only one adult (aged 18 or over)
  - 3 – There are 1 or more dependent children (aged 0-17 years or 18-24 years if fulltime student or inactive) in the Household
  - 4. - None of these statements apply
- Or
- I confirm that I wish to withhold this information

**Personal Statement**

What are your reasons for learning?

Personal Achievement

Peer pressure

To get a job

Parental pressure

Improve Job Prospects / Promotion

How do you see the future for you? \_\_\_\_\_

What are your career / progression aspirations? \_\_\_\_\_

What relevant knowledge or skills do you have?

How was your last educational experience?

Did you complete the course?

Describe your attendance level.

Do you think you have any barriers to learning?

Do you like to learn new things?

What are your hobbies or interests?

Do you belong to any clubs / organisations?

Personal and social skills.

How do you get on with colleagues and peers?

**Support required from us:**

Numeracy

ICT

None

Literacy

Other

Reading

If other, give details \_\_\_\_\_

How MIT will address this \_\_\_\_\_

Do you have a current CV	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Attach a copy of your job description.	Attached	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

How would you travel to and from the training centre?

Do you talk to your family and friends about your plans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	What do they think?
Is your intention to fully complete your course within the timeframe agreed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

<b>Initial Assessment Results (see attached):</b>
English: _____ Maths: _____ ICT: _____
<b>Preferred Learning Style (see attached):</b> _____

<b>Level 2 Apprentice Standards / Level 2 Functional Skills</b> - - I the learner understand that, unless exempt, I must achieve Level 1 Maths and/or English to achieve the Standard and then start, continue to study and take the test for Level 2 Maths and/or English before End Point Assessment and to complete my apprenticeship. I confirm I agreed this at the start and that no claim for a Standard will be made until this is done... <input type="checkbox"/>
<b>Maths</b> I have an exemption at level 1 <input type="checkbox"/> at level 2 <input type="checkbox"/> <b>English</b> I have an exemption at level 1 <input type="checkbox"/> at level 2 <input type="checkbox"/>

**Assessment Plan: See Commitment Plan for full details**

**Employer Name \*** ..... **EDRS Number**.....

**Mentor Name**.....

**Employer Agreement Identifier (Levy funded apprenticeships only)** .....

**Delivery Location & Postcode:** \_\_\_\_\_ (At least 50% of the working hours will take place at this location in England)

**End-Point Assessment: (Details at time of Sign up)**

**Name of Endpoint Assessment Organisation (EPAO)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Target Date for End Point Assessment** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Agreed Price - The Employer remains responsible for selecting the EPAO and agreeing a price for End-Point Assessment at sign up, or as soon as possible where one does not exist.**

<b>EPA price agreed</b>	<b>Y / N</b>	<b>Amount (£)</b>
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**(ESFA state the Provider must contract with the EPAO selected by the employer and lead the relationship with them)**

## Privacy Notice from ESFA – the Government Funding Body

### Appendix F - Privacy Notice 2019 to 2020

Version 1 - April 2019 Training providers should ensure that all learners have seen this privacy notice as part of their enrolment processes.

#### How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations.

For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its 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). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

- About courses or learning opportunities.
- For surveys and research.
  
- By post.
- By phone.
- By e-mail.

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>

In order to service your funding claim, MITSkills is required to share data with the Learning Record Service, part of the ESFA and share details and obtain consent to your data being used on this service.

#### Privacy notice for pupils, students, learners and trainees

##### 1. Tier 1 privacy notice text

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (Dee), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the Dee. For more information about how your information is processed and to access your Personal Learning Record, please refer to:

<https://www.gov.uk/government/publications/lrs-privacy-notice>

#### Privacy Notice on Behalf of MITSkills: How We Use Your Personal Information

##### Learner Consent (By signing this application you consent to MITSkills contacting you and using your data as follows):

MITSkills uses your details only with your consent. By signing this document you confirm your consent that MITSkills can use and share data for the following purposes: 1) learner initial assessment evidence including accessing and inputting data to the LRS (Learner Record Service) to use, verify, update and check your learning record or where no verifiable learner record exists, create as appropriate a Personal Learning Record; .2) You consent to the verification of your learning status and the declared data given in this application via the ESFA funding system and required checks within the funding rules; 3) You consent to your data being shared to confirm ESFA funding and eligibility data by MITSkills and Training partners. MITSkills has your consent to contact you using email, phone, or electronic messaging, as given in this pack ,for quality, learning progression and funding assurance, (such as confirmation of eligibility, contact details ,course progression, continued learning, employment destination and evidence required for ESFA learner audits); 4) We share data with your consent including e portfolio and,progression evidence such as reviews, exams and mentor report with your employer and the funding bodies; 5) MITSkills has your consent to data share to fulfil funding obligations and duty of care under Government legislation, including, as required by the Government and local authorities, where the verification or data sharing is required by legislation or audit purposes; 6) This also includes data sharing associated with all you and your employers application for funding and the evidencing of eligibility, learning and progression following learning, to ESF and ESFA funding requirements set by these funding bodies; 7) You confirm and consent to the use of your data for registration with appropriate awarding bodies, exam registration, internal and external verification assessments and if required, end point assessment bodies and certification processes.

Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. Guidance on the funding bodies' use of your information can be found at

<https://www.gov.uk/government/publications/esfa-privacy-notice>

I confirm that I the learner can be contacted by MITSkills for the purposes of confirming me as a valid learner, by phone or email or as provided in my details. I understand this includes for the purposes of surveys, funding evidence and audit, progression advice, pastoral care, the collection of progression data and to quality assure the delivery of my course. On completion I can be contacted to confirm my destination and for progression support as outlined above. Where I have provided a contact number and email I agree to it being used and updated throughout my course for these purposes up to 24 months after my planned or actual end date whichever is the later.

*By ticking and then signing this document I confirm I have read and agree to the above uses and sharing of my data and MITSkills contacting me as outlined in the privacy and consent statement*

**Contacting us: your data, your rights to access and confirm or amend your data, held by MITSkills.** You can request a change to your data or copy of your data on production of certified copies of two forms of ID (see LRS list below - one of which must be photographic). Certification of your identity must be by a legal or medical professional or if still studying, by your tutor and sent to the address below. Likewise, you can also change your contact preferences by the same process. Please note funding may be impacted where data is changed or withdrawn.

The information you provide to us is controlled by MITSkills as the 'Data Controller', however, data that may be supplied to us by any third party is controlled by them, including for the purpose of the Data Protection Act 2018 (the Act) and any other applicable laws.

If you have any questions or queries concerning our services or this Privacy Policy or your data, we are always keen to hear from our customers or system users (especially if you feel we've let you down or fallen short of your expectations). We are always grateful for any time you spend providing us with the knowledge we need to ensure our customers are completely satisfied.

You can contact us by email at [GDPR@mitskills.com](mailto:GDPR@mitskills.com) or alternatively write to us at:

c/o Hani Zubeidi (Data Controller)

MIT SKILLS Ltd- 12/13 Camphill Industrial Estate - West Byfleet - KT14 6EW

**Learner verification type (LRS registration use only)**

- Relationship with school  Passport  
 ID Card/Other national ID  Driving Licence  
 Bank card/Debit card  Certificate of Entitlement  
 NI Card  Other  None Provided

**Evidence Stating Right to Remain** (answering yes Qs C page 1)

Passport No.  Country of issue   
Expiry date   
Home Office Document No.:   
ARC (Asylum Registration Certificate) No

**Do you wish to claim Additional Learning Support? (at a fixed monthly rate)**  Y  N

If Yes, you must attach a copy of an ALS/ALN Plan outlining how support will be provided. Evidence attached  Y  N

**Do you wish to claim Exceptional Learning Support (in excess of £19,000)**  Y  N

If Yes, how much do you wish to claim?  Evidence attached  Y  N

**EMPLOYER / LEARNER AGREEMENT: See Commitment Statement for full agreement**

## DECLARATION

We agree the information given is correct to the best of our knowledge and we will inform you of any changes. We agree that the information we have given on this form will be held on the MITSkills database, for administration purposes. We agree that this information may be shared with any other organisation in association with MITSkills for education, training, employment and well-being related purposes.

- We have read, understood and agree with the contents of the Learner File.
- Relevant Handbooks have been issued and constitute part of the agreement.
- Image Reproduction & Information Permission and Day Visit Consent have been explained.
- We are clear on learner charges and are aware of MITSkills policy on fees and charging, maximising funding, where possible and charging the learner for unfunded activities or elements-. In accordance with MITSkills fees and charging policy available on the website (or as a hard copy on request.)
- The employer will cover costs of accommodation / travel for block release at Sub-contractor College if applicable. (circle as appropriate) **Yes / No**
- A Mentor has been assigned (if applicable).

- The learner is employed for a minimum of 30 hours per week. Where employed less than 30 hours per week we understand that the minimum duration of the apprenticeship must be increased as does the learners contract to allow them to complete the required Guided Learning Hours
- If, at any time before a Learner obtains any certificate, **where the Learner was placed with the Employer by MITSkills**, either: transfers or is transferred to another training provider, or is retained as a Learner by the Company but without using the services of MITSkills, the Employer will be liable to pay to MITSkills a placement fee in connection equivalent to at least, but is not limited to, any sum which would have been payable to MITSkills by the Funding Body or any other body had MITSkills continued to act as the training provider for the Company or for the Learner, except where MITSkills has failed in delivery under this agreement.
- The employer commits to fair notice of changes to Trainee's availability for Assessment and progress meetings. Where a meeting has been agreed with the Trainee and MITSkills staff any changes will be given at least one full working days notice.
- MITSkills will not be liable for any injury, loss or damage whatsoever to whomsoever caused by any act, default or omission of a Learner on MITSkills, Funding Body funded programmes except to the extent that any such Injury, loss or damage is caused or contributed to by the negligence of MITSkills' staff.

**Where there is an \* on page 1,2,5&8 of this document and where there are relevant points within this document, we acknowledge we, the Employer and learner, have confirmed an Apprenticeship Agreement is in place for the duration of the longest aim or the minimum period required under ESFA rules (372 days minimum working 30 hour or more per week, or where part time below 30 hours, the minimum duration and contract have been extended pro rata)**

### **Apprenticeship Funding Declaration**

We, the Employer, agree to funding our share of the cost of the apprenticeship as per our contract with MITSkills and confirm the following. We, the Employer are: -

- a) A Levy Payer and have completed a contract and given all the details of my levy account to MITSkills
- b) A Non-Levy payer due to pay a contribution as per my contract and agreed payments with MIT Skills.
- c) A Non-Levy payer with not more than 49 employees in the 365 days prior to starting this apprentice (with no more than 50 employees including this apprentice, at the time of sign up)
- c.2) I am claiming small employer contribution exemption as my apprentice has confirmed and evidenced they are in a supported group see e, f, g I have also completed the State Aid Declaration on Page 10
- d) A Non-Levy payer in receipt of a Levy Transfer and have confirmed the detail in writing and have completed the State Aid Declaration page 10

I, the Apprentice, am:

- e) Aged 16 to 18
- f) Aged 19-24, a care leaver and confirm I have approved sharing this with my employer  (see evidence attached)
- g) Aged 19-24 with an Educational Health Care (EHC) Plan and I approve my employers knowledge  (see evidence attached)

We, the Employer, agree to the Apprentice having 20% of their paid time for "off the job training" within their working hours to complete their Apprenticeship. This will be quantified and evidenced by us, the Employer, by **statement and signatures** at regular reviews, as per our contract. Where Maths and/or English are required as per the Funding Rules for the Apprenticeship, we, the Employer, will also ensure the Apprentice is given an additional 55 hours for Maths and 55 hours for English in paid working time during the agreed delivery period. This may be increased where additional support is required (roughly 1 hour per week per subject if taken over a year)

We, the Employer and Learner, agree to quantify and confirm the "off the job training hours" received between each review as part of each review. Below is the basis of the agreement for each review and should be read in conjunction with the Commitment Statement.



The Employer confirms the learner is contracted for the agreed duration and this is not shorter than the minimum funding duration of the Apprenticeship. The contracted hours per week are as follows.

\_\_\_\_\_ (A) per week, the off the job hours will be approx. \_\_\_\_\_ hours per week (20% = (A)/5) plus \_\_\_\_\_ (B) hours for Maths per week and \_\_\_\_\_ (C) hours for English per week. (See Commitment Statement)

The employer/ learner agrees to all the above points and **agree \_\_\_\_\_ total Planned Off the Job Hours\*** for the Apprenticeship – matching the Commitment Statement \*= This is a legal requirement for an Apprenticeship Agreement.

The MITSkills Learner and Employer Handbook confirm the complaints procedure which is also on [www.MITSkills.com](http://www.MITSkills.com). MITSkills Lead for complaints is Hani Zubeidi. For unresolved complaints, contact the **Apprenticeship helpline** [nationalhelpdesk@apprenticeships.gov.uk](mailto:nationalhelpdesk@apprenticeships.gov.uk), or telephone: 0800 015 0400 (or for concern or questions on Apprenticeships)

**Learner Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Will you be signing up to use an E Portfolio (Assessor to confirm) Yes / No (circle as appropriate)**

**Please return this Agreement along with all items in bold and tick the appropriate item sent**

<i>Staff use only</i> Have you?	<b>Sign up</b>	<b>Office check</b>
Completed Learner File		
<b>Transfer Form completed prior to Sign up with IQA signature (if applicable)</b>		
Received date stamped/signed copies of previous qualification certificates		
<b>RPL/APL evidence with signature (if applicable)</b>		
<b>Competency &amp; Prior Learning Assessment Document</b>		
<b>Completed Initial Assessment &amp; printed off results</b>		
<b>Completed Employer Health &amp; Safety Check and Insurance</b>		
<b>Initial Review with PLR and EDRS evidenced</b>		
Mentor assigned		
<b>Copy of Learner Job description</b>		
<b>Completed Learning Styles Questionnaire</b>		
<b>Completed Image Repro / Info Permission and Visit Consent (if under 18 yrs)</b>		
<b>Completed Learner Health &amp; Safety Questionnaire</b>		
<b>State Aid Declaration Page 10</b>		
<b>Office only</b> - Photo copied paperwork after successful signup and handed to Assessor.		

This Learning Programme Receives Funding through the European Union



## State Aid declaration

1. What is your company name?

2. What is your company's registered address?

3. Contact Details

Email:

Telephone:

Where activity is supporting individuals to improve their employability and help them move closer to the labour market the aid is being provided to the individual and there are no direct benefits for enterprises. However, for those elements which provide support to individuals in employment there may be state aid implications because their employers are receiving support towards the costs of training. Where funding which supports individuals in employment to achieve full or part qualifications this may constitute an aid.

### The de minimis regulation:

- extends the scope of the regulation to marketing and processing of agricultural products with certain conditions and the transport sector (but not to road haulage operations for the acquisition of road freight transport vehicles).
- prohibits the cumulation of de minimis with other block exempted or notified aid schemes for the same costs, and ;
- increases the de minimis level from €100,000 to €200,000 except the road transport sector which remains at €100,000.

Organisations using the de minimis rules must put in place a monitoring system to ensure the limit is not breached. Typically, such a monitoring system will involve:

- asking enterprises receiving support under their scheme to identify all other sources of support (either in cash or in kind) that they have received in the last three years;
- checking if previous de minimis aid is involved, to ensure that the combined assistance does not exceed €200,000 over any three-year rolling period. If the limit is breached, the aid may have to be reduced or refused to ensure the limit is not breached.

The Government State Aid Branch advises writing to each recipient in the following terms:

"The assistance for [...] constitutes State Aid as defined under Articles 87 and 88 of the Treaty of Rome and is being granted as 'de minimis' aid under Commission Regulation EC/1998/2006. European Commission rules prohibit any undertaking from receiving more than €200,000 euros 'de minimis' aid over a rolling three-year period. Any 'de minimis' aid granted over the €200,000 limit may be subject to repayment with interest. If you have received any 'de minimis' aid over the last three years (from any source) you should inform us immediately with details of the dates and amounts of aid received. Furthermore, information on this aid must be supplied to any other public authority or agency asking for information on 'de minimis' aid for the next three years."

Whilst de minimis rules are straightforward in principle they are difficult and complex to operate in practice because they are not project related and as such rely on individual enterprises being able to identify how much aid and under which schemes they have received support over a rolling three-year period. Where enterprises have exhausted their aid ceilings under de minimis, there is no capacity for further aid.

State aids must be dealt with using the de minimis rules.

**4.Declaration - I declare that the amounts of De Minimis aid received by the company/organisation over the last three fiscal years is including Apprenticeships via full funding or levy Transfer and is below the €200,000 limit**

2015/16	2016/17	2017/18	2018/19	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. I confirm that, to the best of my knowledge, the information above is correct and given in good faith. I will notify you of any new aid received from any source during the life of the project.

Signed	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Position within firm	<input type="text"/>		

## LEARNING STYLE INDICATOR

The Learning Style Indicator is to help provide us with information on how you learn, so we can ensure that your training plan meets your individual needs.

The three sections below contain a number of statements. Alongside each statement, there are numbers 1 - 5. You need to show how much you agree or disagree with the statement by circling one number per row. For example, if you Never Agree with the statement - Circle 1

Please complete the questionnaire truthfully to allow us to support and understand your needs.

SECTION P	Never Agree	Rarely	Some Times	Often	Always Agree
1. I need to see how things work in real life situations	1	2	3	4	5
2. In groups I like to talk about straight forward things	1	2	3	4	5
3. I can often come up with practical ways of doing things	1	2	3	4	5
4. I like people who come quickly to the point	1	2	3	4	5
5. I enjoy finding practical solutions to problems	1	2	3	4	5
6. In training sessions I find long winded discussions a waste of time.	1	2	3	4	5
7. I like making things	1	2	3	4	5
8. I get impatient with people who come up with 'airy fairy' ideas	1	2	3	4	5

**ADD UP THE NUMBERS YOU CIRCLED IN SECTION P AND PUT THE TOTAL HERE**

*If you scored highest on this section, your preferred learning style is PRACTITIONER*

SECTION E	Never Agree	Rarely	Some times	Often	Always Agree
9. I believe life should be filled with new experiences	1	2	3	4	5
10. The saying 'Live for today...' is how I like to live my life	1	2	3	4	5
11. I'm always looking for new and interesting things to do	1	2	3	4	5
12. I find rules and regulations make life difficult and frustrating	1	2	3	4	5
13. Routine tasks bore me	1	2	3	4	5
14. People would probably describe me as fun loving and open	1	2	3	4	5
15. I see myself as adventurous	1	2	3	4	5
16. At school I was a bit of a rebel	1	2	3	4	5

**ADD UP THE NUMBERS YOU CIRCLED IN SECTION E AND PUT THE TOTAL HERE**

*If you scored highest on this section, your preferred learning style is EXPLORER*

SECTION R	Never Agree	Rarely	Some times	Often	Always Agree
17. I like to thoroughly read instruction manuals before using a new piece of equipment to be sure I know what I'm doing.	1	2	3	4	5
18. When I have a problem, I like to deal with it step by step	1	2	3	4	5
19. I don't like situations where I have to rush from one thing to another I like to think things through before acting	1	2	3	4	5
20. I like to hear other people's point of view before I make up my own mind	1	2	3	4	5
21. People would probably describe me as more of a listener than a talker when I'm in a group	1	2	3	4	5
22. I like to regularly check my work for mistakes	1	2	3	4	5
23. The saying 'Look before you leap' is how I like to live my life	1	2	3	4	5
24. You should always have as much information on a subject as possible	1	2	3	4	5

**ADD UP THE NUMBERS YOU CIRCLED IN SECTION R AND PUT THE TOTAL HERE**

*If you scored highest on this section, your preferred learning style is REVIEWER*

## HEALTH & SAFETY QUESTIONNAIRE

Name:	Company / Training Centre:
Who is your personal advisor?	
Who is your First Aider?	
Where is the First Aid Kit kept?	
Where is the Accident Book kept?	
Where is the Health & Safety poster on site?	
Are there any machinery, areas or equipment you are not allowed to use? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes what machinery / equipment / areas</i>	
Do you require any personal protective equipment? What do you use and why?	
Have you received a copy of Learner Handbook? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where are the fire extinguishers kept?	
What would you do if you discover a fire?	
When using dangerous substances what protection should you use?	
Have you been told what the company / Training centres Health & Safety rules / policy are? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give us an example</i>	
Where is the fire assembly point?	
List some of the hazardous substances you work with?	
Do you have any comments regarding your health and safety?	

## *Image Reproduction & Information Permission Slip*

We seek permission for photographs & some information (such as name, course & feedback) of learners, participating in any of our programmes to be used in publicity materials.

By signing this form, you are giving these permissions.

***To be filled in by parent or guardian unless 18 or over:***

I agree to allow images & information to be used by **MIT Skills** for the purpose of publicity materials such as newsletters, website & awards.

**Name of young person or learner (in capitals):** \_\_\_\_\_

**Signature of learner or parent or guardian:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## *Day Visit Consent*

This form must be completed and returned to the Centre before any learner, can be included in day visits organised by the Centre

***Please complete in block capitals, sign and date.***

I \_\_\_\_\_ the parent / guardian of

\_\_\_\_\_

Give my consent to their participation in day visits organised by MIT Skills as part of the training programme followed by the above-named learner.

I understand that Risk Assessments, which are carried out for each activity, may be seen on request.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_