**IF YOU ARE COMPLETING THIS BY HAND**

**PLEASE COMPLETE IN BLOCK CAPITALS**

**SUNDERLAND COMMUNITY LED LOCAL DEVELOPMENT PROGRAMME (REGISTRATION FORM 1)**

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| --- | --- | --- | --- |
| **Only to be used to register individual participants in ESF funded projects, whether unemployed, economically inactive or aged 15 or above at risk of becoming NEET (not in education, employment or training)** | | | |
| **Project Name** | |  | |
| **Provider / organisation name** | |  | |
| **Project Number / ID** | |  | |
| **Participant Unique Identifier** | |  | |
| **Is this the first time you have attended this CLLD project?** | | Yes  No |  |
| **Have you previously attended a CLLD project or ESF funded provision, course or qualification?** | | Yes  No |  |
| **If yes to the above, please state the project or provider:** | | | |
|  | | | |
| **Part 1** | **Participant details (to be completed by the provider)** | | |
| Title |  | | |
| Forename(s) |  | | |
| Surname |  | | |
| NI number | Letters Numbers Letter   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | |
| Date of birth | Day Month Year   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |     Age at project registration: | | |

|  |  |  |
| --- | --- | --- |
| Telephone number and / or mobile number |  | |
| Email address |  | |
| Participant address |  | |
| Participant Postcode |  | |
| Are you a citizen of a country within the European Economic Area (EEA) or have the Right of Abode in the UK, and have been ordinarily resident in the EEA for the last 3 years?  Yes  No  **If No:**  Do you have immigration status?  Yes  No    **Immigration status** (please tick the appropriate status):  Settled status  Work or residency permit  Visa stamps (unexpired)  Identity card confirming right to stay, work or study in the UK | | |
| Are you an Asylum Seeker and lived in the UK for longer than 6 months or are in the care of the local authority receiving support?  Yes  No | | |
| **Part 2** | **Labour market status (to be completed by the provider)** | |
| Which of the following statements best describes the person’s Labour market status? | Unemployed, excluding long-term unemployed (CO01)  Long-term unemployed (CO02)  Inactive (CO03) |  |
| Please confirm your current employment status by ticking and completing section (a) or (b). | | |
| 1. **Length of unemployment or period of economic inactivity:** 2. Less than 6 months 3. 6-11 months 4. 12-23 months 5. 24-35 months 6. Over 36 months | | |
| **Please tell us which benefit you are claiming:**   1. Jobseekers Allowance (JSA) 2. Income support (IS) 3. Employment Support Allowance (ESA) - Work Related Activity Group 4. Employment Support Allowance (ESA) - Support Group 5. Universal Credit - Limited Capability for Work and Work Related Group 6. Universal Credit - Limited Capability for Work Group (UC claimants pre-03/04/17) 7. Universal Credit - Fit for work 8. Pension Credits (for non-working age adults) 9. In receipt of another state benefit and earn less than 16 times the National Minimum Wage a week or £330 per month and wish to move into more sustainable employment 10. Not in receipt of any benefits | | |
| 1. **Young person aged 15 or above at risk of becoming NEET (not in education, employment or training)**   Yes  No | | |
| **Part 3** | **Participant Characteristics (to be completed by the provider)** | |
| **Gender** |  | |
| What is the person’s gender? | Male  Female  Participant chose not to say |  |
| **Educational Attainment** |  | |
| Does the person have basic skills needs? | Yes  No  Participant chose not to say |  |
| **If Yes** to the above, does the person require support in the following areas | Literacy (English)  Numeracy (maths)  English for Speakers of Other Languages (ESOL)  Participant chose not to say |  |
| What is the person’s highest educational attainment? <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels> | No qualifications |  |
| Entry level |  |
| Level 1 |  |
| Level 2 |  |
| Level 3 |  |
| Level 4 |  |
| Level 5 |  |
| Level 6 |  |
| Level 7 |  |
| Level 8 |  |
| Is the person engaged in education or training? | Yes  No  If Yes, please describe type of training and location  ………………………………..……………………………… | |
| **Ethnicity** |  | |
| What is the person’s ethnicity? | **White** |  |
|  | 1. English/Welsh/Scottish/Northern Irish/British |  |
|  | 1. Irish |  |
|  | 1. Gypsy or Irish Traveller or ROMA |  |
|  | 1. Any other White background |  |
|  | **Mixed/Multiple ethnic groups** |  |
|  | 1. White and Black Caribbean |  |
|  | 1. White and Black African |  |
|  | 1. White and Asian |  |
|  | 1. Any other Mixed/Multiple ethnic background |  |
|  | **Asian/Asian British** |  |
|  | 1. Indian |  |
|  | 1. Pakistani |  |
|  | 1. Bangladeshi |  |
|  | 1. Chinese |  |
|  | 1. Any other Asian background |  |
|  | **Black/African/Caribbean/Black British** |  |
|  | 1. African |  |
|  | 1. Caribbean |  |
|  | 1. Any other Black/African/Caribbean background |  |
|  | **Other ethnic group** |  |
|  | 1. Arab |  |
|  | 1. Any other ethnic group |  |
|  | 1. Prefer not to say |  |
| **Disability** |  | |
| Does the person consider themselves disabled? | Yes  No  Participant chose not to say |  |
| **Part 4** | **Other Characteristics (to be completed by the provider). The person may opt out of any of the following questions.** | |
| Does the person have caring responsibilities? | Yes  No  Participant chose not to say |  |
| Is the person a lone parent? (i.e. a single household with dependent children) | Yes  No  Participant chose not to say |  |
| Do you live in a jobless household? | Yes  No  Participant chose not to say  If yes, do you have any dependent children in your dependent household?  Yes  No  Participant chose not to say |  |
| Is the person an ex-offender? | Yes  No  Participant chose not to say |  |
| Is the person a care leaver? | Yes  No  Participant chose not to say |  |
| Does the person have any mental health issues? | Yes  No  Participant chose not to say |  |
| Does the person have any learning difficulties? | Yes  No  Participant chose not to say |  |
| Does the person have any drug and/or alcohol dependency issues? | Yes  No  Participant chose not to say |  |
| **Part 5** | **Details of support to be provided** | |
| Summary of support to be provided |  | |
| Location of registration with the project |  | |
| Main delivery location of planned support (if different from above) |  | |
| Your start date with project |  | |
| Your planned leaving date |  | |
| **Signature of participant** | | **Date** |
|  | |  |
| **Signature of project staff** | | **Date** |
|  | |  |

|  |  |
| --- | --- |
| **Part 6** | **Evidence to support Participant Eligibility (to be completed by the provider)** |
| **For this section please refer to the CLLD Participant Identification, Eligibility and Referral Guidance** | |
| Please detail below what evidence you have seen to confirm the individual named in Part 1 is legally resident, has the right to take paid employment in the UK, and is aged over 16 (refer to the for the following questions). | |
|  | |
| If you are working with a Young person aged 15 years or above at risk of becoming NEET please detail below what evidence you have seen to confirm that this is the case. | |
|  | |
| Please detail in the space provided below what evidence you have seen and retained to confirm the individual named in Part 1 is unemployed or inactive. | |
|  | |
| Please detail in the space provided below what evidence you have seen and retained to confirm eligibility, including a self-declaration (where appropriate). | |
|  | |
| **Other notes / comments** | |

**Issue Privacy Notice A to the individual participant**

For further information or advice on the Community Led Local Development (CLLD) programme please contact us at the CLLD email address - [clld@sunderland.gov.uk](mailto:clld@sunderland.gov.uk).