**PLEASE COMPLETE IN BLOCK CAPITALS**

**SUNDERLAND COMMUNITY LED LOCAL DEVELOPMENT PROGRAMME (REGISTRATION FORM 2)**

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| **Only to be used to register individuals (potential entrepreneurs) in ERDF funded projects, whether employed, unemployed or economically inactive.** | | | |
| **CLLD Project Number / ID** | |  | |
| **Individual 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** | **Beneficiary 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 |  | | | |
| Beneficiary address |  | | | |
| Beneficiary 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. **I am in employment as follows**   Full time  Part time  Zero hours contract Number of hours …………………………  Current annual salary / £…………………………….  or hourly rate | | | | |
| **Part 3** | **Beneficiary** **Characteristics (to be completed by the provider)** | | | |
| **Gender** |  | | | |
| What is the person’s gender? | Male  Female  Beneficiary chose not to say | | |  |
| **Educational Attainment** |  | | | |
| Does the person have basic skills? | Yes  No  Beneficiary 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)  Beneficiary 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  Beneficiary 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  Beneficiary chose not to say | | |  |
| Is the person a lone parent? (i.e. a single household with dependent children?) | Yes  No  Beneficiary chose not to say | | |  |
| Do you live in a jobless household? | Yes  No  Beneficiary chose not to say  If yes, do you have any dependent children in your dependent household?  Yes  No  Beneficiary chose not to say | | |  |
| Is the person an ex-offender? | Yes  No  Beneficiary chose not to say | | |  |
| Is the person a care leaver? | Yes  No  Beneficiary chose not to say | | |  |
| Does the person have any mental health issues? | Yes  No  Beneficiary chose not to say | | |  |
| Does the person have any learning difficulties? | Yes  No  Beneficiary chose not to say | | |  |
| Does the person have any drug and/or alcohol dependency issues? | Yes  No  Beneficiary chose not to say | | |  |
| **Part 5** | **Details of support to be provided** | | | |
| Project title |  | | | |
| Project delivery partner name (if applicable) |  | | | |
| Project delivery location |  | | | |
| Your start date with project |  | Your planned leaving date |  | |
| **Signature of beneficiary** | | | **Date** | |
|  | | |  | |
| **Signature of project staff** | | | **Date** | |
|  | | |  | |

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| **Part 6** | **Evidence to support Beneficiary Eligibility (to be completed by the provider)** |
| **For this section please refer to the CLLD Guidance for Assessing ERDF Beneficiary Eligibility** | |
| 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). | |
|  | |
| Please detail in the space provided below what evidence you have seen and retained to confirm the individual named in Part 1 is employed, 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 B to beneficiary** or 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)