**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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |  |  |  |  |  |  |  |

  |
| 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 [ ]

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| 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 NoBeneficiary 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 NoBeneficiary chose not to say   | [ ] [ ] [ ]  |
| Is the person a lone parent? (i.e. a single household with dependent children?) | Yes NoBeneficiary chose not to say  | [ ] [ ] [ ]  |
| Do you live in a jobless household? | Yes NoBeneficiary chose not to say If yes, do you have any dependent children in your dependent household?Yes NoBeneficiary chose not to say  | [ ] [ ] [ ] [ ] [ ] [ ]  |
| Is the person an ex-offender?  | Yes NoBeneficiary chose not to say  | [ ] [ ] [ ]  |
| Is the person a care leaver? | Yes NoBeneficiary chose not to say  | [ ] [ ] [ ]  |
| Does the person have any mental health issues? | Yes NoBeneficiary chose not to say  | [ ] [ ] [ ]  |
| Does the person have any learning difficulties? | Yes NoBeneficiary chose not to say  | [ ] [ ] [ ]  |
| Does the person have any drug and/or alcohol dependency issues? | Yes NoBeneficiary 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