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| **Learner Name** |  |  |  |
| **First Name:** |  | **Surname:** |  |

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| **Adult Education and Workzone Privacy Notice *(part 1 of 2)*** |
| **Introduction**  This Privacy notice is issued by Cheshire West and Chester Council’s Skills and Employment team to inform learners/customers how their personal information will be collected, used and kept safely in line with the General Data Protection Regulations 2018.  **Data Control**  In line with new Data Protection Regulations, the Senior Manager for Economic Growth is the Data Controller for personal information processed by the Skills and Employment team, including Workzones. For learner data passed to the Education and Skills Funding Agency under our Adult Education contract, the Department for Education (DfE) is the Data Controller.  **Why do we collect your Personal Data?**  Your personal information is used by the council’s Skills and Employment team to exercise its functions, ensure eligibility for provision, secure funding, register learners for qualifications with awarding bodies, and to update the Individual Learner Record (ILR) as per our contract with the ESFA (an executive agency of the DfE).  **Our Legal Basis for Collecting Data**  The lawful basis for processing your data is ‘public task’, as the council’s Skills and Employment team are fulfilling contracts from the Department for Education relating to relevant education and skills legislation.  **Sharing Your Data**  Your information may be shared with third parties for education, training, employment and wellbeing-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.  For example, the Workzone, the Department for Education, the European Social fund (ESF) Managing Authority or their agents may contact you to find out what impact your learning and/or participation in our service has had on you. We may also share your data with prospective employers or training organisations in the interest of helping you to positively progress.  **How We Protect Your Personal Data**  We have an Information Security Policy in place covering all customer/learner data collected by ourselves and our sub-contracted learning provider partners. Learner/customer records are always stored in secure environments and can only be accessed by eligible staff.  **Data Storage**  Whenever we collect or process your personal data, we’ll only keep it for as long as necessary for the purpose for which it was collected. For learners on DfE funded provision, your personal information will be stored securely for up to 14 years (due to compliance with European Union funding requirements) but may be destroyed before this point if there is no further need to hold the information.  ***Continued overleaf.*** |
| **Adult Education and Workzone Privacy Notice *(part 2 of 2)*** |
| **Your Rights over your Personal Data**  You have the right to:  • Access to the personal data we hold about you  • The correction of personal data when incorrect, out of date or incomplete  • The right to object to the use of your data  Further information about use of and access to your personal data, and details of organisations with which we regularly share data are available at:  <https://www.gov.uk/government/publications/esfa-privacy-notice>    <https://www.cheshireadultlearning.org/privacy_notice>    <https://www.cheshirewestandchester.gov.uk/your-council/data-protection-and-freedom-of/data-protection-and-freedom-of.aspx>  **Learner customer declaration**  I understand that Cheshire West and Chester council will process my data as outlined above.  I understand that, in line with best practice, Cheshire West and Chester council and their partners may need to contact me to check on my progress to employment or further learning, to offer further help towards employment or further learning, or to seek my views on work of the council’s Skills and Employment team or their partners.  I understand that my details may be used in an appropriate and relevant manner under the Government’s ‘NHS Test and Trace’ service, in the event that I, or people I have been in close contact with as part of this learning, contract COVID-19.  In addition, I understand that I can opt in to be contacted by the Education and Skills Funding agency, its partners or funders by ticking the boxes below.  **I agree to be contacted:**  About courses or learning opportunities for surveys or research  By post by phone by email  **Learner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_** |

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| **Learner Registration - Part A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Title:** | | | | | |  | | | | | | | |  | | | | | | | | | | | **ULN:** | | | | | | | | | |  | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |
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| **Forename:** | | | | | |  | | | | | | | | | | | | | | | | | | | **Surname:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DOB:** | d | | | d | | | | m | | m | | y | | | y | | | y | | | y | | | | **NI Number:** | | | | | | | | | |  | | | |  | | | |  | | | | | | |  | | | | | |  | | | | |  | | |  | | | | |  | | |  | | | | |
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| **Male:** |  | | | | **Female:** | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | |  |
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| **Have you been permanently resident in the UK for the last 3 years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes:** | | | | | |  | | | **No:** | | | | | | | |  |
| To assess your eligibility for funding, we need to know your residency status. Temporary absences from the UK should be ignored. Absences because you, your parent or your spouse were working abroad temporarily should also be ignored. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **House Name/No:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Street/Road:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **District:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Town/City:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **County:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Phone:** | |  |  | | | |  | |  | |  | |  | | | |  | | |  | | |  | | |  | | |  | **Mobile:** | | | |  | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | |
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| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Household** *(please tick all/any that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **🗸** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| The household that I live in contains one or more persons in employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| The household that I live in contains **only one** adult | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | |
| There is at least one dependent child in the household (aged 0 – 17) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **HHS1** | | | | | | | | | | | | | | | | |  | | |
| There is at least one full-time student in the household (aged 18 – 24) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **HHS2** | | | | | | | | | | | | | | | | |  | | |
| None of these statements apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **HHS3** | | | | | | | | | | | | | | | | |  | | |
| I confirm that I wish to withhold this information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Learner Registration - Part B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | |  | | | | | |  | | | | | | **Relationship:** | | | | | | | | | | | |  | | | | | | | | | |
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| **Forename:** | | | | | |  | | | | | | | | | | | **Surname:** | | | | | | | | |  | | | | | | | | | |
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| **House Name/No:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Street/Road:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Town/City:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **County:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | |  | |  | | | |  | | |  | |  |  | |  | |  | | | | | | | | | |
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| **Phone:** |  | |  |  |  | |  |  |  | |  | |  | |  | | |  | | **Mobile:** | | |  | |  | |  |  |  |  |  |  |  |  |  |

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| **Learner Ethnicity** | |  | **🗸** | |
| 31 | English/Welsh/Scottish/N Irish/British |  |  | |
| 32 | Irish |  |  | |
| 33 | Gypsy or Irish Traveller |  |  | |
| 34 | Any other White Background |  |  | |
| 35 | White and Black Caribbean |  |  | |
| 36 | White and Black African |  |  | |
| 37 | White and Asian |  |  | |
| 38 | Any other mixed / multiple ethnic background |  |  | |
| 39 | Indian |  |  | |
| 40 | Pakistani |  |  | |
| 41 | Bangladeshi |  |  | |
| 42 | Chinese |  |  | |
| 43 | Any other Asian background |  |  | |
| 44 | African |  |  | |
| 45 | Caribbean |  |  | |
| 46 | Any other Black/African/Caribbean background |  |  | |
| 47 | Arab |  |  | |
| 98 | Any other ethnic group |  |  | |
| 99 | Prefer not to say |  |  | |
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| **Learner Registration - Part C** | | | | |
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| **Disability** | | | | |
| **Do you have a disability, learning difficulty or health problem?** | **Yes:** |  | **No:** |  |

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| **If yes, please select *one* primary, and then *one* secondary and *one* tertiary if applicable:** | |  | Primary |  | Secondary |  | Tertiary |
| 01 | Emotional/behavioural difficulties |  |  |  |  |  |  |
| 02 | Multiple disabilities |  |  |  |  |  |  |
| 03 | Multiple learning difficulties |  |  |  |  |  |  |
| 04 | Visual impairment |  |  |  |  |  |  |
| 05 | Hearing impairment |  |  |  |  |  |  |
| 06 | Disability affecting mobility |  |  |  |  |  |  |
| 07 | Profound complex disabilities |  |  |  |  |  |  |
| 08 | Social and emotional difficulties |  |  |  |  |  |  |
| 09 | Mental health difficulty |  |  |  |  |  |  |
| 10 | Moderate learning difficulty |  |  |  |  |  |  |
| 11 | Severe learning difficulty |  |  |  |  |  |  |
| 12 | Dyslexia |  |  |  |  |  |  |
| 13 | Dyscalculia |  |  |  |  |  |  |
| 14 | Autism spectrum disorder |  |  |  |  |  |  |
| 15 | Asperger’s syndrome |  |  |  |  |  |  |
| 16 | Temporary disability after illness (for example post-viral) or accident |  |  |  |  |  |  |
| 17 | Speech, language and communication needs |  |  |  |  |  |  |
| 93 | Other physical disability |  |  |  |  |  |  |
| 94 | Other specific learning difficulty (e.g. Dyspraxia) |  |  |  |  |  |  |
| 95 | Other medical condition |  |  |  |  |  |  |
| 96 | Other learning difficulty |  |  |  |  |  |  |
| 97 | Other disability |  |  |  |  |  |  |
| 98 | Prefer not to say |  |  |  |  |  |  |

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| **Learner Eligibility - Part A** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Were you aged 19 or over on the 31st August 2020?** | | | | | | | | | | | | | | | | **Yes:** | |  | | **No:** | | | | |  |
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| **Have you been a legal resident of the UK for the last three years?** | | | | | | | | | | | | | | | | **Yes:** | |  | | **No:** | | | | |  |
| If **No**, please complete a **residency eligibility form** – you may still be eligible for funding. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [If **yes** to **both** of the above, the learner is eligible for *all* community learning courses] | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Are you aged between 19 and 23 years old?** | | | | | | | | | | | | | | | | **Yes:** | |  | | **No:** | | | | |  |
| If **Yes**, you may need to complete the **Legal Entitlement form** to help us establish whether you are eligible for funding on this or future courses. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Do you have a GCSE grade 4 - 9 (A\* - C grade) in English and/or Maths?** | | | | | | | | | | | | | | | | **Yes:** | |  | | **No:** | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please select the highest level of qualification you have achieved for English, Maths and any other subject:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | None | | | Entry Level | | | Level 1 | | | | Level 2 | | | Level 3 | | | | | Level 4+ | | | | | | |
| Any Subject: |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |
| English: |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |
| Maths: |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |
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| **Do you receive any of the following benefits? (please tick one):** | | | | | | | | | | | | | | | | | | | | | | | | | **🗸** |
| 1. **JSA** (including National Insurance credits only) | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| 1. **ESA** (WRAG) | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| 1. **Universal Credit**, with earnings of less than £343/month (sole benefit claimant) or £549/month if you have a joint benefit claim with your partner | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| 1. **Other State Benefit**, with earnings of less than £343/month (sole benefit claimant) or £549/month if you have a joint benefit claim with your partner (and the learning is relevant to your employment prospects) | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| If **Other State Benefit**, please state it here: | | | | | | | |  | | | | | | | | | | | | | |  | | | |
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| [If any one of the options **1 to 4** above has been ticked (and the learner meets the eligibility criteria for age and residency), then the learner is eligible for full funding on *most* regulated courses and *all* non-regulated courses] | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Learner Eligibility - Part B** | | | | | | | | | | | | | | | | | | | | |
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| **Are you employed?** | | | | | | | | | | | | | | | **Yes:** | |  | **No:** | |  |
| If **Yes**, please fill out sections **A** and **C** below (ignore **B**).  If **No**, please go to **B** parts 1 and 2 (ignore the rest). | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| [If **yes** to the above (and the learner meets the eligibility criteria for age and residency), the learner is eligible for co-funding only on *most* regulated courses and *all* non-regulated courses] | | | | | | | | | | | | | | | | | | | | |
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| **A: Please state your job title:** | | | | | |  | | | | | | | | | | | | | | |
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| **How many months have you been in this job?** | | | | | | | | | | | | | | | | | | | | |
| Up to 3: | | |  | 4 – 6: | | | |  | 7 – 12: | | |  | 12+: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **How many hours per week do you typically work?** | | | | | | | | | | | | | | | | | | | | |
| 0 – 10: | | |  | 11 – 20: | | | |  | 21 – 30: | | |  | 31+: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Are you self-employed?** | | | | | | | | | | | | | | | **Yes:** | |  | **No:** | |  |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **B 1: If No, how many months has it been since you last worked?** | | | | | | | | | | | | | | | | | | | | |
| Less than 6: |  | 6 – 11: | | |  | | 12 – 23: | | |  | 24 – 35: | | |  | | 36+: | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **B 2: Are you looking to move into employment at some point in the future?** | | | | | | | | | | | | | | | | | | | | |
| Yes: |  | No: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **C: Low Wage Trial** | | | | | | | | | | | | | | | | | | | | |
| **Do you earn less than £17,004.00 (gross) per year?** | | | | | | | | | | | | | | | **Yes:** | |  | **No:** | |  |
| If **Yes**, then you may be eligible for full funding on certain courses. Please be aware that you will need to show evidence to your tutor or a relevant staff member (e.g. three months’ worth of recent payslips where gross pay offers an average projection that is below the threshold amount). | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

[If **yes** to the low wage trial above and tutor has signed the course registration form to say evidence has been seen, the learner is eligible for full funding on *most* regulated courses and *all* non-regulated courses despite being employed]