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| **First Name** |  | **Surname** |  |

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| **Adult Education Privacy Notice and Learner Declaration** |
| **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 Work Zones. 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 Work Zone, 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.**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>**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 agree to be contacted for…** | **I agree to be contacted by…** |
| **Courses & Learning Opportunities** |  | **Surveys Research** |  | **Phone** |  | **Email** |  | **Post** |  |

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| **Learner Signature** | **Date** |
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| **Title** | **First Name** | **Surname** | **Gender** |
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| **Email:** |  | **ULN** |  |  |  |  |  |  |  |  |  |  |

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| **Landline Number** | **Mobile phone number** |
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| **Date of birth** | **National Insurance (NI) Number** |
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| **Have you been permanently resident in the UK or EEA\* for** **the last three years?** | **YES** |  | **NO** |  |
| **If you answered NO above, please give us the date you** **entered the UK** |  |  |  |  |  |  |  |  |

**Please tick which of the following statuses apply to you. We need this to assess if you are eligible for funding for your course:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Citizen of the United Kingdom** |  | **None of the statuses on the left applies** **to me, but I am a family member of** **someone to whom another****option applies (e.g., spouse/civil** **partner/child)** |  |
| **Citizen of a Country within the EEA\*** |  |  |
|  |
| **Ukraine visa schemes** |  | **What is your relationship to the family** **member?** |
| **Refugee** |  |  |
| **Asylum Seeker** |  |  |

*\*The EEA is made up of the 27* ***European Union*** *members, plus* ***Iceland****,* ***Lichtenstein*** *and* ***Norway****. Ask your tutor if you need a full list.*

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| **Current home address** |
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|  |
|  | **Postcode** |  |

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| **Please give us details of an emergency contact we can get in touch with if necessary while****you are on your course** |

|  |  |
| --- | --- |
| **Emergency Contact’s Title** | **What is their relationship to you?** |
| Mr / Ms / Miss / Mrs / Other: | Spouse / Parent / Child / Friend / Other: |

|  |  |
| --- | --- |
| **Emergency Contact’s First Name** | **Emergency Contact’s Surname** |
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| --- |
| **Emergency Contact’s Home Address** |
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|  |
|  | **Postcode** |  |

|  |  |
| --- | --- |
| **Emergency Contact’s Landline Number** | **Emergency Contact’s Mobile Phone Number** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Please select your ethnicity** |
| **English / Welsh / Scottish / Northern** **Irish / British** |  | **Pakistani** |  |
| **Irish** |  | **Bangladeshi** |  |
| **Gypsy or Irish Traveller** |  | **Chinese** |  |
| **Any other White background** |  | **Any other Asian background** |  |
| **White and Black Caribbean** |  | **African** |  |
| **White and Black African** |  | **Caribbean** |  |
| **White and Asian** |  | **Any other Black / African / Caribbean background** |  |
| **Any Other Mixed / multiple ethnic** **background** |  | **Arab** |  |
| **Indian** |  | **Any other ethnicity** |  | **Prefer not to say** |  |

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| **Do you have a disability, learning difficulty or health problem? \*** | **YES** |  | **NO** |  | **I PREFER NOT TO SAY** |  |

\*If you have ticked YES to the previous question, please use the table below to tell us select which disability/disabilities and/or health condition(s) you have. **If you have just ONE disability/health condition**, please just tick the relevant box. **If you have multiple disabilities/health conditions**, please number them, with 1 being the most severe or having the most impact on your life.

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| --- | --- | --- | --- |
| **Vision impairment** |  | **Autism spectrum disorder** |  |
| **Hearing impairment** |  | **Asperger’s syndrome** |  |
| **Disability affecting mobility** |  | **Temporary disability after illness/****accident (e.g post viral)** |  |
| **Profound complex disabilities** |  | **Speech, Language and Communication** **Need**  |  |
| **Social and emotional difficulties** |  | **Other physical disability** |  |
| **Mental health difficulty** |  | **Other specific learning difficulty (e.g. Dyspraxia)** |  |
| **Moderate learning difficulty** |  | **Other medical condition (e.g epilepsy,** **asthma, diabetes)** |  |
| **Severe learning difficulty** |  | **Other learning difficulty** |  |
| **Dyslexia** |  | **Other disability** |  |
| **Dyscalculia** |  | **I prefer not to say** |  |

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| **How old were you on the 31st of August 2024?** |  |

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| **Do you have a GCSE grade 4 - 9 (A\* - C grade) in English and/****or Maths?** | **YES** |  | **NO** |  |
| **How many GCSEs between grades 4 - 9 (A\* - C grade) have** **you achieved?** |  |
| **Have you achieved ANY Level 2 Qualification previously?** | **YES** |  | **NO** |  |

**Please select the highest qualification level you have received in English, Maths and in any other subject using the table below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **Entry Level** | **Level 1** | **Level 2** | **Level 3** | **Level 4+** |
| **English** |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |
| **Any Subject** |  |  |  |  |  |  |
| **Brief description****of current****qualifications** |  |
|  |

**Please select which of the following state benefits you currently receive using the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Universal Credit\*** |  | **Employment Support Allowance (Work** **Related Activities group)** |  |
| **Jobseekers’ Allowance (JSA)** |  | **Any other state benefit\*\*** |  |
| **If other, please tell us which benefit(s)** **you receive:** |  |

\*With earnings of less than £345/month (sole benefit claimant) or £552/month if you have a joint benefit claim with your partner

\*\*You can visit <https://www.gov.uk/income-tax/taxfree-and-taxable-state-benefits> for a list of all state benefits if you are unsure.

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| **Are you currently employed,** **self-employed or unemployed?** | **Employed** |  | **Self-Employed** |  | **Unemployed** |  |

**If you are Employed or Self-employed, please to go Section A. If you are Unemployed, please go to Section B**

**SECTION A – EMPLOYED OR SELF-EMPLOYED**

**How long have you been employed in your current role?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Less than 3 Months** |  | **7 to 12 Months** |  |
| **4 to 6 Months** |  | **More than 12 Months** |  |

**How many hours do you normally work in a typical week?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Less than 10 hours** |  | **21 to 30 hours** |  |
| **11 to 20 hours** |  | **31 or more hours** |  |

|  |  |  |  |  |
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| **Do you currently earn less than £25,000 per year before tax** **is taken from your pay? \*** | **YES** |  | **NO** |  |

\*If you answered YES, you may be eligible for your course to be fully funded under the government’s earnings threshold rules. If you answered NO and you are not currently claiming an eligible state benefit, you may be eligible for co-funding.

**SECTION B – UNEMPLOYED**

**How long have you been unemployed for?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Less than 6 Months** |  | **12 to 23 Months** |  |
| **6 to 11 Months** |  | **24 to 35 Months**  |  |
| **36 Months (3 years) or more** |  |  |  |

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| --- | --- | --- | --- | --- |
| **Are you looking to move into paid employment in future?** | **YES** |  | **NO** |  |

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**Please sign below to confirm that all of the information provided in this form is correct to the best of your knowledge.**

|  |  |
| --- | --- |
| **Learner Signature** | **Date** |
|   |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Tutor Signature** | **Date** |
|   |  |  |  |  |  |  |  |  |