**Learner Registration 25/26**

**For use on short taster sessions only**

|  |  |
| --- | --- |
| **National Insurance Number**: | |
| **Please tick one which you feel best describes your ethnic origin**  The following will help us to ensure that our courses and services are reaching all groups in the community | |
| White | |
|  | English |
|  | Welsh |
|  | Scottish |
|  | Northern Irish |
|  | British |
|  | Irish |
|  | Gypsy or Irish Traveller |
|  | Any other White background |
| Mixed/multiple ethnic group | |
|  | White and Black Caribbean |
|  | White and Black African |
|  | White and Asian |
|  | Any other Mixed/multiple ethnic background |
| Asian/Asian British | |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Chinese |
|  | Any other Asian background |
| Black/African/Caribbean/Black British | |
|  | African |
|  | Caribbean |
|  | Any other Black/African/Caribbean |
| Other ethnic group | |
|  | Arab |
|  | Any other ethnic group |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | | |
| Surname: | | | |
| ULN | | | |
| Date of birth: | | | |
| Gender: | | | |
| Email: | | | |
| Telephone: | | | |
| Home address: | | | |
| Postcode: | | | |
| Do you have a learning difficulty, disability or health condition | | | |
| YES |  | NO |  |
| If yes please tell us which learning difficulty, disability or health condition you have below | | | |
|  | | | |
| Have you been permanently resident in the UK for the last 3 years? | | | |
| YES |  | NO |  |
| If ‘No’ please complete the residency eligibility form | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact details** | | | |
| Title: |  | Relationship to learner: |  |
| First Name: |  | Surname: |  |
| Contact address (if different from above): | | | |
| Postcode: |  | Mobile telephone: |  |
| Other telephone: |  |  |  |

|  |
| --- |
| **Employment** |
| If you’re employed, how long have you been employed for and for how many hours per week? |
| If you’re unemployed, how long have you been unemployed for? |
| Please confirm which state benefits you are currently receiving: |
| Are you looking for employment in the future? |
| Are you currently employed, self-employed or unemployed? |

**‘Have a Go!’ Taster Session**

**Individual Learning Plan and Feedback 2025/2026**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learner Name:** |  | | | | |
| **Tutor Name:** |  | | | | |
| **Course/Taster/Workshop Title:** |  | | **Date:** | |  |
| **Organisation:** |  | **Venue Name and Postcode:** | |  | |
| **Session Aim:** |  | | | | |

**Reason for Attending**

|  |  |  |  |
| --- | --- | --- | --- |
| **By attending this session, I aim to improve my** (select one only)**:** | | | |
| overall confidence |  | physical health |  |
| skills to help me progress into further learning |  | mental health and wellbeing |  |
| skills for work |  | skills to participate in community life |  |
| essential skills and aptitudes |  | understanding of democratic values |  |
| ability to support my child’s learning |  | skills for independent living |  |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tutor set targets for the session** | | **I have achieved this** | **I have not achieved this** |
| 1. |  | 🞎 | 🞎 |
| 2. |  | 🞎 | 🞎 |

**Feedback**

We hope you enjoyed this taster session and that it will encourage you to enrol in further learning. Please take a few moments to provide us with some feedback. The information you provide will help us to improve and to offer appropriate opportunities for learning in the future.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you agree?** | **Yes** | **No** | **Please tell us more** |
| I have enjoyed my taster session | **🞎** | **🞎** |  |
| I received information at the start of the taster session to help me feel safe | **🞎** | **🞎** |  |
| I have benefited from attending this session | **🞎** | **🞎** |  |
| I would like to attend other adult learning courses in the future | **🞎** | **🞎** |  |
| I have been informed about other adult learning opportunities in my area | **🞎** | **🞎** |  |
| I would like somebody from Skills and Employment to contact me about adult learning opportunities in my area | **🞎** | **🞎** | Please tick preferred method:  ***Phone Email/Text Post*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How did you hear about this session? | In a Skills and Employment Hub |  | At the Job Centre |  |
| On the Council Website |  | From my tutor |  |
| On another website |  | On social media |  |
| Through word of mouth |  | Other (state) | |

|  |
| --- |
| **Do you have any other comments?** |
|  |

|  |  |
| --- | --- |
| **Signed:** | **Date:** |