**Learner Registration 25/26**

**For use on short taster sessions only**

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| **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 |

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| --- |
| 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 |

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

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| **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**

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

**Reason for Attending**

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| **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.

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| **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*** |

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| 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) |

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

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