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| Have you previously attended a Skills Connect or Skills Bootcamp course? | Yes | | No |
| Confirm you are willing to engage with Training Provider Name for a period of 6 months after training end date. | Yes | | No |
| For participants who reside outside of the West Yorkshire region;  Is it your intention to look for employment or increase your career prospects in the West Yorkshire region. | Yes | | No |
| Please tick which one of the following statements best describes your motivations for attending this Skills Bootcamp course? | | | |
| I am currently unemployed and am looking to gain employment in the insert sector sector | |  | |
| I want to use the skills gained on this Skills Bootcamp to secure promotion or take on additional duties within my current employer, my employer has agreed their support and will contribute to the cost of the course. | |  | |
| I want to use the skills gained on this Skills Bootcamp to secure promotion or take on additional duties with my current employer but have not agreed my employers support or contribution to the cost of the course. | |  | |
| I am currently employed but am looking to use the skills gained on this Skills Bootcamp to change career and move into the insert sector sector | |  | |
| I am self-employed and looking to use the skills gained on this Skills Bootcamp to secure additional business in the insert sector sector | |  | |
| I am undertaking this course out of interest but do no not intend to use the skills gained on the Skills Bootcamp, support progressing my career and/or move into employment the insert sector sector | |  | |
| Skills Bootcamp is a programme developed and funded by the Department for Education, with the overall aim to positively progress individuals’ careers and work opportunities. | | | |

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| SECTION A – PARTICIPANT DETAILS |

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| First Name(s) |  | | | | | | Surname | |  | | | | |
| Contact Telephone Number | | | |  | | | | | | | | | | |
| Email Address | |  | | | | | | | | | | | | |
| Home Address | |  | | | | | | | | | | | | |
|  | | | | | | | | | | Postcode | |  | | |
| Gender | M | F | Other | | | Prefer Not to Say | | | NI Number | |  | | | |
| Date of Birth (dd/mm/yyyy) (Participants must be aged 19 or older on or before 31 August 2023 for Skills Bootcamp starting between 01 April 2024 and 31 July 2024) | | | | |  | | | Age at point of registration | | | | |  | |

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| SECTION B – SENSITIVE INFORMATION |

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| What is your ethnicity? | | | | | | | | | | | |
| Asian/Asian British – Bangladeshi | Asian/Asian British – Chinese | | | Asian/Asian British – Indian | | | Asian/Asian British – Other | | | Asian/Asian British - Pakistani | |
| Black/African/ Caribbean/Black British - African | | | Black/African/ Caribbean/Black British – Caribbean | | | Black/African/ Caribbean/Black British - Other | | | Mixed/Multiple – White and Black African | | |
| Mixed/Multiple – White and Asian | | Mixed/Multiple – Other | | | Other Ethnic Group – Arab | | | Other Ethnic Group – Other | | | White - Other |
| White – English/Welsh/ Scottish/Northern Irish/British | | | White – Irish | | | White – ROMA, Gypsy or Irish Traveller | | | Prefer not to say | | |

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| Do you consider yourself to have a disability? | | | | | | | | Yes | No |
| If you have ticked ‘yes’ to the above question, please circle one of the below. | | | | | | | | | |
| Asperger’s Syndrome | Autism Spectrum Disorder | | Dyscalculia | | Dyslexia | | Emotional/Behavioural Difficulties | | |
| Mental Health Difficulty | | Other Learning Difficulty | | Other Medical Difficulty | | Disability Affecting Mobility | | | |
| Hearing Impairment | | Visual Impairment | | Other Physical Difficulty | | Prefer Not to Say | | | |

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| Are you a claimant or non-claimant of benefits? | | | | | |
| Claimant - Over 6 months | Claimant - Under 6 months | Non-claimant | | | |
| Are you currently in receipt of Universal Credit? | | | Yes | | No |
| Are you the only adult in the household and have a minimum of one dependent child aged 0-17 years? | | | | | |
| Yes | No | Prefer not to say | | | |
| Do you have caring responsibilities for children or other adults? | | | Yes | No | |

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| **SECTION C – EDUCATION & TRAINING INFORMATION** |

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| What is your current highest level of education? | | | | | | Level |
| Entry level education (Early Childhood Education, Entry Level Qualifications) | | | | | | 0 |
| Lower secondary education or equivalent (fewer than 5 GCSEs at A\*-C, L1 Qualifications) | | | | | | 1 |
| Lower secondary education or equivalent (more than 5 GCSEs at A\*-C, NVQ L2, L2 Qualifications including Technical and Vocational) | | | | | | 2 |
| Upper secondary education or equivalent (A-levels, AS-levels, BTEC Nationals, NVQ L3, L3 Qualifications including Technical and Vocational) | | | | | | 3 |
| Post-secondary (non-tertiary) education or equivalent (CertHE, HNC, NVQ L4, L4 Diploma and all L4 Qualifications) | | | | | | 4 |
| Tertiary education or equivalent (Foundation Degrees, Diploma HND, NVQ L5, L5 Diploma and all L5 Qualifications) | | | | | | 5 |
| Tertiary education or equivalent (Bachelor Degrees, Graduate Certificates, Diplomas and all L6 Qualifications) | | | | | | 6 |
| Tertiary education or equivalent (Doctorates and all L7 Qualifications) | | | | | | 7 |
| Tertiary education or equivalent (Masters Degrees, Post Graduate Certificates, Diplomas and all L8 Qualifications) | | | | | | 8 |
| If your highest level of education is Level 6 - 8, please select from the list below which subject this is in. | | | | | | |
| Agriculture, Food and Related Studies  Architecture, Building and Planning  Biological and Sport Sciences  Business and Management  Combined and General Studies  Communications and Media  Computing  Creative Arts and Design  Education and Teaching  Engineering and Technology  General and Other in Sciences  Veterinary Sciences | | Geographical and Environmental Studies (Natural Sciences)  Geographical and Environmental Studies (Social Sciences)  Historical, Philosophical and Religious Studies  Humanities and Liberal Art (non-specific)  Language and Area Studies  Law  Mathematical Sciences  Medicine and Dentistry  Psychology  Physical Sciences  Social Sciences  Subjects Allied to Medicine | | | | |
| Do you hold one of the below at Level 2 or equivalent? | | | | | | |
| Literacy | Numeracy | | ESOL | No | Prefer not to say | |

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| SECTION D – EMPLOYMENT STATUS |

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| How would you describe your employment status? | | | | | | | | | | | | |
| Employed – Full Time | Employed - Part Time | | | | | | | Employed – Zero Hour Contract | | | | |
| Self-Employed | Unemployed – Less than 6 Months | | | | | | | Unemployed – More than 6 Months | | | | |
| Are you planning to work while on this Skills Bootcamp course? | | | | | | | Yes | | | | No | |
| Have you been made redundant since January 2020? | | | | | | | Yes | | | | No | |
| Have you graduated from University in the last 5 years? | | | | | | | Yes | | | | No | |
| What is your current or most recent job title? | |  | | | | | | | | | | |
| What is the name of your current or most recent employer? | |  | | | | | Postcode of current or most recent employer? | | | | |  |
| If you are currently in employment, please confirm your salary per year or rate per hour. | | | | | | Salary Per Year: | | | Rate Per Hour: | | | |
| Are you attending this training via your current employer? | | | Yes | No | How many hours do you usually work per week? | | | | |  | | |
| What sector is your current or most recent employer in? | | | | | | | | | | | | |
| Agriculture, Forestry and Fishing | Mining and Quarrying | | | | | | | Manufacturing | | | | |
| Electricity, gas, steam and air conditioning supply | Water supply, sewerage, waste management and remediation activities | | | | | | | Wholesale and retail trade; repair of motor vehicles and motorcycles | | | | |
| Construction | Transportation and storage | | | | | | | Information and communication | | | | |
| Finance and insurance activities | Real estate activities | | | | | | | Professional, scientific and technical activities | | | | |
| Real estate activities | Education | | | | | | | Administrative and support service activities | | | | |
| Human health and social work activities | Arts, entertainment and recreation | | | | | | | N/A – unemployed | | | | |
| Other please specify: | | | | | | | | | | | | |

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| Are you engaged with any of the below support provision? | | | |
| Jobcentre/DWP | Employment Hub | National Careers Service | Other - please specify: |

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| Where did you find out about the course? | | | | | |
| Social Media | Advertising | | Online Search | Word of Mouth | Gov.UK website |
| The National Careers Service | FE College of Training Provider | | Current Employer | Family or Friend or Colleague | Referred by Support Agency |
| Other - please specify: | |  | | | |

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| You may be asked to take part in qualitative interviews and/ or surveys to understand your experience of participating on this Skills Bootcamp course, this is optional. Please state if you wish to Opt-In or Opt-Out. | Opt-In | Opt-Out |

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| **SECTION E - DECLARATIONS** |

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| **Skills Bootcamp Participant Declaration**    I confirm that I have received information, advice and guidance concerning the Skills Bootcamp entitled **insert course title** delivered by **insert supplier/delivery partner name**.This included information about the course, its entry requirements, the expected workload of the course and the support available to me.    I am clear what I will achieve by completing this Skills Bootcamp and agree to attend an interview with an employer (for a job using relevant skills gained from the Skills Bootcamp) arranged for me by **insert supplier /delivery partner name**. If I have applied for this Skills Bootcamp independently and am not on a course that is co-funded by my current employer, I confirm that I intend to change employer if I am offered a suitable role following interview.    I confirm all milestone evidence and information provided is true and correct to the best of my knowledge.    I confirm this Skills Bootcamp **insert title** is the only one I am currently enrolled on.    I agree to provide **all** data and information requested by Department for Education (DfE) to inform evaluation of the Skills Bootcamp programme and I confirm that the information I supply will be true and correct to the best of my knowledge. This includes salary information.    I understand that **supplier/delivery partner name** has the right to cancel my enrolment if it is found that I have provided false or inaccurate information.    I agree that this information can be used to process my data for contractual requirements, in particular to the disclosure of all the data on this form or otherwise collected about me to the DfE for the purposes noted in the Privacy Notice (available on request).    I also agree with the below points relating to my chosen programme:    **I will:**   * Take appropriate responsibility for my own learning, development and progression * Attend and participate in the training required to successfully complete the Skills Bootcamp * Promptly inform **supplier/delivery partner name** and employer if applicable, if any matters or issues arise, or might arise, that will, or may, affect my learning, development and progression * Respond to and engage with follow-up communications from **supplier/delivery partner name** following completion of the training component of a Skills Bootcamp, and during the next six months, to record progression as a result of the course * Take responsibility to share evidence requested by **supplier/delivery partner name**, to allow **supplier/delivery partner name** to prove the effectiveness of this Skills Bootcamp to DfE     If you are not satisfied with any aspect of your Skills Bootcamp and wish to raise a complaint you should do so in the first instance with (insert supplier Delivery Partner name) by emailing **insert supplier delivery partner email** with full details of your issue. If you are not satisfied with how your complaint has been dealt with you may write to DfE through their Whistleblowing and Complaints process.    Whistleblowing involves entering a 'whistleblowing' webform on the 'Contact the Department for Education' page, which can be found here: <https://form.education,gov.uk/service/Contact_the_Department_for_Education>  Whistleblowing submissions for Skills Bootcamps must be clearly marked 'Skills Bootcamps'. They will be submitted via the DfE's whistleblowing submission process and will be escalated to the DfE Skills Bootcamps policy team for response. |

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| **Programme Sharing Agreement** – From WYCA Evolutive Registration Form  For the purposes of the Data Protection Act 2018, the ‘controller’ of the personal data which you provide in the application form is the West Yorkshire Combined Authority (“The Combined Authority”, “we”, “us”) of Wellington House, 40-50 Wellington St, Leeds LS1 2DE (tel: 0113 251 7272) who are the responsible statutory body for the Leeds City Region Enterprise Partnership (“LEP”) and WY Metro. The Combined Authority is registered with the Information Commissioner’s Office with registration number ZA051694. For Skills Connect courses provided under funding via the European Social Fund (ESF), the Department for Education (ICO registration no.: Z1001723) are also a data controller. The Combined Authority is collecting this data and will process it for the purpose of delivering the Skill Connect programme through employer-led training initiatives.  The Combined Authority will share this data with its delivery partners (the training providers) for the purpose of delivering the courses and with external bodies such as the funders (where required to) for the purpose of evaluation and reporting.  Where you have given consent to participating in promotional activities, the Combined Authority will share your name & email address with external marketing agencies.  We will not share your information with any other organisation or third party other than in the circumstances described above. There may be other circumstances in which we may share or use certain information about you, which are:   1. if we have a legal obligation to do so or if we are required or requested to do so by a competent authority such as the police or a court; 2. if we need to use or disclose your information to obtain legal advice or in connection with legal proceedings; 3. if we need to share your information to protect your vital interests if you are unable to give us consent or it is unreasonable for us to ask for your consent in the circumstances (e.g. if you are injured).   We will retain your information for 6 years from the end of the programme, for the purpose of evaluating the programme. This is in accordance with our information retention policy and on the expiration of such period we will safely delete it.  Information provided to the Combined Authority will be processed under Article 6(1)(e) of the UK GDPR which states that processing is necessary for the purposes of a task carried out in the public interest or in the exercise of official authority vested in the controller Special category’ data (such as information pertaining to an individual’s ethnicity or health) will be processed under Article 9(2)(g) of the UK GDPR which states that processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject Information provided to the Combined Authority for the purposes participating in promotional activities will be processed under Article 6(1)(a) of the UK GDPR which states that the data subject has given consent to the processing of their personal data for one or more specified purposes.  As a data subject you have a number of rights under the DPA. These include the right to access the information which we hold about you. In some cases you may have a right to have your personal data rectified, erased or restricted, and to object to certain use of your data.  This would not affect the legality of what we do with your personal data before you make such a request and would not stop us from continuing to use your data to the extent that we do not require your consent. It would stop us from further using data for purposes which require your consent (e.g. marketing).  If you are unsatisfied with the manner in which we collect or handle your personal data you have a right to make a complaint to the Information Commissioner’s Office. Information about how to make complaints can be found on the ICO’s website at [https://ico.org.uk](https://ico.org.uk/)  We act in accordance with our corporate privacy notice, which provides further information on personal data processing and how to contact us to make a request: <https://www.westyorks-ca.gov.uk/footer/privacy-notice-and-cookie-policy/>  The Combined Authority’s Data Protection Officer can be contacted at RBrookesDPO@westyorks-ca.gov.uk. |

***For Training Provider representative to confirm***

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| --- | --- | --- | --- | --- | --- |
| Does the participant have the right to legally reside and work in the UK?  (Please state evidence you have checked) | UK Passport | | UK Birth Certificate | Other please state: | |
| UK Government website link for Right to Work checklist  <https://www.gov.uk/government/publications/right-to-work-checklist/employers-right-to-work-checklist-accessible-version> | | | | | |
| Does the participant meet all eligibility requirements including residency? | | Yes | | | No |

***NB: Must be signed by the participant either on or before first day of training.***

***Must be signed by the training provider once the participant has completed 10 guided learning hours and 14 calendar days passed.***

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| Participant Declaration: I certify that the information given on this form is correct at the point of completing this form. | | | | | |
| Participant Name |  | Sign |  | Date |  |
| Training Provider Declaration: I certify that all required verification is in line with WYCA guidance at the point of completing this form and the participant has **completed 10 guided learning hours and 14 calendar days passed.** | | | | | |
| Training Provider Rep. Name |  | Sign |  | Date |  |