**Guide for Confirmation of Learner Eligibility – Traineeships**

|  |  |  |
| --- | --- | --- |
| **Provider Name:** |  | **C:\Users\Browningl1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\G3ZCOYPD\ESF (2).JPG** |
| **Learner Name:** |  |
| **Date of Birth:** |  |
| **Anticipated Start Date:** |  |

**Learning Programme** *(please tick)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Traineeship Engagement |  |  | Level 1 |  |  | Bridge-2-Employment |  |

For *Engagement* & *Level 1* – complete sections A & C. For *Bridge 2 Employment*, complete Sections A, B & C.

Please answer the questions below

|  |  |  |
| --- | --- | --- |
| **SECTION A – to be completed by the Learner** | **Yes** | **No** |
| 1. Do you have the right to live and work in the UK? |  |  |
| 1. Are you under 19 at the anticipated start date? |  |  |
| 1. Are you ordinarily resident in Wales? |  |  |
| 1. Are you in full-time higher education? |  |  |
| 1. Are you **OR** do you intend to attend school sixth form or college, full-time, as a pupil or student |  |  |
| 1. Are you an ineligible overseas national? |  |  |
| 1. Are you in custody or on remand in custody? |  |  |
| 1. Are you in receipt of an Assembly Learning Grant or an Education Maintenance Allowance? |  |  |
| 1. Are you taking part in any other employment or enterprise programme funded directly by the UK Government or the Welsh Ministers? |  |  |
| 1. Are you taking part in any other UK Government or Welsh Ministers funded vocational learning programme? |  |  |
| 1. Are you taking part in any other EU funded employment or enterprise programme or vocational learning programme (or any other form of EU funded scheme) unless permitted under ESF funding regulations?   (Please refer to European Funding Guidance Chapter 3 for further advice). |  |  |
| 1. Are you being mandated to attend the DWP Work Programme? |  |  |
| 1. Are you registered for work with Job Centre Plus or DWP? |  |  |

|  |
| --- |
| 1. Please give details of your highest qualification achieved below: |

Correct evidence to demonstrate eligibility must be collected as soon as possible after entry onto the Programme – see section C.

**Declarations**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEARNER**  I confirm that the information I have given above is correct and that I am eligible to start my learning programme. I also confirm that I am aware of no issues that will prevent me from completing the programme.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature: |  | Date: |  | Name: |  | | (To be signed and dated by the learner) | | | | (please print) | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY LEARNER IF ELIGIBILITY FOR THIS PROGRAMME WAS ESTABLISHED PRIOR TO THE START DATE:**  **Learner:** I confirm that there have been no changes to the information I provided in Section A of this form.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature: |  | Date: |  | Name: |  | | (To be signed and dated by the learner) | | | | (please print) | | |

**Bridge to Employment Only**

|  |  |  |
| --- | --- | --- |
| **SECTION B – To be completed by the Training Provider** | **Yes** | **No** |
| 1. The learner is assessed as occupationally focussed, has completed an engagement programme of learning, and is assessed as being above level 1 learning **OR** |  |  |
| 1. Is assessed as occupationally focussed, has completed a Traineeship Level 1 programme and has attained, as a minimum, *all* of the following: |  |  |
| * A Qualification and Credit Framework (QCF) qualification (or units) of at least ‘Certificate’ size ( a minimum of 13 credits) which tests occupational competencies at level 1; and |  |  |
| * Essential Skills Wales qualifications at level 1 in Communication, Application of Number and Information Technology; and |  |  |
| * Wider Essential Skills Level 1 qualification in Working with Others, Improving Own Learning & Performance and Problem Solving. |  |  |

|  |
| --- |
| **SECTION C**  **FOR PROVIDER USE ONLY:** |
| Providers must ensure that they:   * follow the evidence method set out by WEFO, and * comply with the eligibility and evidence requirements stipulated by WEFO and in the Programme Specification. |
| I confirm that, based on the information given above, the learner is:   |  |  | | --- | --- | |  | Please tick as appropriate | | Eligible and I will endeavour to collect all outstanding evidence by time of the first review.*.* |  | | Ineligible |  |   to commence a Work Based Learning Funded programme.  I confirm that the following evidence has been / will be collected *(please tick as and when evidence is collected):*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | C1 |  |  | C2 |  |  | C3 |  |  | C4 |  |  | C5 |  |  | C6 |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature: |  | Date: |  | Name: |  | | (To be signed and dated by the provider) | | | | (please print) | | |
| I confirm that I have checked the information provided and hold a valid Careers Choices Dewis Gyrfa Referral / Level 1 Referral application form to support the eligibility of this learner. OR – if a direct entry, that you have notified Careers Choices Dewis Gyrfa.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature: |  | Date: |  | Name: |  | | (To be signed and dated by the provider) | | | | (please print) | | |