

ESF1420m: European Social Fund – Match Participant Form (Initial)



European Union
European
Social Fund

Part 1: Participant Details (to be completed by the provider).											
Participant name	<input type="text"/>										
NI number	<table border="1"> <tr> <td>Letter</td> <td>Numbers</td> <td></td> <td></td> <td>Letter</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Letter	Numbers			Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Letter	Numbers			Letter							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Telephone number	<input type="text"/>										
Date of Birth	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Day	Month	Year									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
Email address	<input type="text"/>										
Participant address	<input type="text"/>										
Post Code	<input type="text"/>										
PRaP PO No	<input type="text"/>										
Start Date	<input type="text"/>										
Provider Name	<input type="text"/>										
Contract ID	<input type="text"/>										
Please give the postcode of the Initial Assessment Meeting	<input type="text"/>										
Part 2: Participant Characteristics (to be completed by the provider).											
1 What is the person's gender?	<input type="text"/> Male <input type="text"/> Female <input type="text"/> Participant chose not to say										
2 Which of the following statements best describes the person's Labour Market Status?	<input type="text"/> Unemployed, excluding long-term unemployed (CO01) <input type="text"/> Long-term unemployed (CO02) <input type="text"/> Inactive (CO03)										
3 Does the person have basic skills?	<input type="text"/> Yes <input type="text"/> No <input type="text"/> Participant chose not to say										
4 What is the person's highest educational attainment?	<input type="text"/> Below Primary education (ISCED level 0) – Other disadvantaged <input type="text"/> Primary education or equivalent (ISCED 1) <input type="text"/> Lower secondary education or equivalent (ISCED 2)										

ESF1420m: European Social Fund – Match Participant Form (Initial)



European Union
European
Social Fund

	Upper secondary education or equivalent (ISCED 3) Post-secondary (non-tertiary) education or equivalent (ISCED 4) Tertiary education or equivalent (ISCED 5-8)
5	Is the person engaged in education or training? Yes No
6	Is the person living in a Jobless Household? Yes No Participant chose not to say
7	Is the person living in a Jobless Household with dependant children? Yes No Participant chose not to say
8	Is the person living in a single adult household with dependant children? Yes No Participant chose not to say
9	What is the person's ethnicity? White - English/Welsh/Scottish/Northern Irish/British White – Irish White - Roma, gypsy or Irish traveller White – other Mixed/Multiple - White and Black Caribbean Mixed/Multiple - White and Black African Mixed/Multiple - White and Asian Mixed/Multiple – Other Asian/Asian British – Indian Asian/Asian British – Pakistani Asian/Asian British – Bangladeshi Asian/Asian British – Chinese Asian/Asian British – Other Black/African/Caribbean/Black British – African Black/African/Caribbean/Black British – Caribbean Black/African/Caribbean/Black British – Other Other ethnic group – Arab Other ethnic group - Other Participant chose not to say
10	Does the person consider themselves disabled? Yes No Participant chose not to say

ESF1420m: European Social Fund – Match Participant Form (Initial)



11 Is the person an ex-offender?	Yes No Participant chose not to say
12 Is the person homeless?	Yes No Participant chose not to say

ESF1420m: European Social Fund – Match Participant Form (Initial)



European Union
European
Social Fund

Part 3:	How we collect, use and store information
<p>To find out more about how DWP use information, read the DWP Personal information charter: https://www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter or contact any DWP office.</p> <p>This charter includes the process for participants to make Right to Access Requests through their ESF 14/20 provider.</p> <p>To find out more about how DWP store and retain information read the following, ESF Guidance on document retention.</p> <p>DWP may use the information you give us to:</p> <ul style="list-style-type: none">• Report and research how well European Social Fund (ESF) programmes work*• Link with other information we hold about you, if you are in receipt of a DWP working age benefit. <p>* We may contact you again in the future to ask if you might participate in further research. If you are re-contacted, you will still be able to decline to participate if you wish. For additional information on research and evaluation please see the following Gov.uk link, and select 'Guidance on ESF and YEI Participant Contact Details'.</p>	
Part 4:	Participant Declaration (to be completed after the participant has read Part 1, 2 and 3)
<p>The responses on this form accurately reflect those given to the provider.</p> <p>The information I have provided is current and correct to the best of my knowledge and will be used by the provider named on this form to register me.</p> <p>By signing this form, you:</p> <ul style="list-style-type: none">• Understand the Department for Work and Pensions (DWP) will store your basic personal information, included on this form, to make referral to the Provider• Understand that some information may be given to other government bodies as permitted by law.• Understand DWP may also share your personal information with the European Commission and Auditors (individual records may be requested to ensure that ESF programmes are being delivered appropriately).• Have been informed and understand that the activity delivered by the provider named on this form is funded by ESF, and have received leaflet ESF2020.• Understand that someone may contact you in the future to ask if you might participate in further ESF research.• Understand that where you receive benefit you must promptly tell the office that pays your benefit of anything that may affect your entitlement to that benefit, or the amount of that benefit you receive.	

ESF1420m: European Social Fund – Match Participant Form (Initial)



European Union
European
Social Fund

Print Name	<input type="text"/>	
Participant Signature	<input type="text"/>	Date <input type="text"/>

Part 5: Provider Details and Declaration (to be completed by the provider)

I certify the information given on this form is correct to my knowledge:

Name of advisor/ tutor:	<input type="text"/>	Date <input type="text"/>
Signature:	<input type="text"/>	
Email address of advisor/tutor:	<input type="text"/>	
Provider name:	<input type="text"/>	Contact Phone: <input type="text"/>

Please retain the original of this form