

Enrolment form

Provider name: Harmony House	
Project name: Job Shop Community Outreach	Project ID: 7269
1. Participant details	
First name: _____	Participant ID: HHD
Last name: _____	Phone number: _____
Address: _____	Email address: _____
Post code: _____	Date of birth: _____
Borough: _____	Your age today: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
The following evidence have been provided as proof of ID (E.g. passport, official ID card, driving licence, birth or marriage certificate. See Project Handbook for more details.):	
The following evidence have been provided as proof of address (E.g. utility bill, council tax bill, bank account or credit card statement, driving licence. See Project Handbook for more details.):	
2. Employment and benefit details	
What is your National Insurance number?	
Which of the following do you have?	
<input type="checkbox"/> British or Irish citizenship <input type="checkbox"/> Work permit <input type="checkbox"/> Refugee status <input type="checkbox"/> EU/EEA citizenship <input type="checkbox"/> Indefinite or exceptional leave to remain	
The following evidence has been provided as eligibility to work in the UK (E.g. passport/ID card showing British or EEA citizenship; stamp in passport or other document showing that the holder can stay indefinitely in the UK or has no time limit on their stay. See Project Handbook for details.):	
How long have you been out of work?	
<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> more than 15 years <input type="checkbox"/> 6-11 months <input type="checkbox"/> 3-4 years <input type="checkbox"/> 11-15 years	
<input type="checkbox"/> Employed less than 8 hours <input type="checkbox"/> Employed more than 8 hours. How many hours? _____ <input type="checkbox"/> Studying less than 16 hours <input type="checkbox"/> Studying more than 16 hours. How many hours? _____	
What type of benefit/allowance are you claiming?	
<input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Employment and Support Allowance <input type="checkbox"/> Incapacity Benefit <input type="checkbox"/> Income Support <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____	
How long have you been claiming benefit(s)?	
<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> Not applicable <input type="checkbox"/> 6-11 months <input type="checkbox"/> 3-4 years <input type="checkbox"/> More than 5 years	
3. To which ethnic group do you belong?	
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed background
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background
Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

4. Target groups			
<input type="checkbox"/> People with mental health problems	<input type="checkbox"/> People with adult care responsibilities	<input type="checkbox"/> Lone parents	<input type="checkbox"/> Jobless parents
<input type="checkbox"/> People with ESOL needs	<input type="checkbox"/> Families with young children	<input type="checkbox"/> Workless households	<input type="checkbox"/> Families where one or more adult is economically inactive
<input type="checkbox"/> Recent migrants eligible to work in the UK	<input type="checkbox"/> Ex-offenders	<input type="checkbox"/> Families where one or more adult is unemployed	
<input type="checkbox"/> Refugees (with the right to work in the UK)	<input type="checkbox"/> People with substance misuse problems		
<input type="checkbox"/> Ex-armed forces	<input type="checkbox"/> Homeless residents living in temporary accommodation		
5. What is the highest qualification you hold?			
<input type="checkbox"/> Below NVQ level 1 (e.g. Entry level certificates, ESOL, Skills for life (SfL), Entry level maths, ICT)			
<input type="checkbox"/> NVQ level 1 (e.g. GCSEs grades D-G, BTEC Introductory Diplomas, OCR Nationals, SfL)			
<input type="checkbox"/> NVQ level 2 (e.g. GCSEs grades A*-C), BTEC First Diplomas, OCR Nationals, SfL)			
<input type="checkbox"/> NVQ level 3 (e.g. A levels, BTEC Diplomas, BTEC Nationals, OCR Nationals)			
<input type="checkbox"/> NVQ level 4 (e.g. Level 4 Professional diploma)			
<input type="checkbox"/> NVQ level 5+ (e.g. Foundation Degrees, Bachelor degrees, HNDs, BTEC Professional Diplomas)			
<input type="checkbox"/> No qualifications			
<input type="checkbox"/> Other qualification			
Please provide details of other qualifications you hold:			
6. How did you hear about the project?			
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Job Centre Plus	<input type="checkbox"/> Housing association
<input type="checkbox"/> Referred	<input type="checkbox"/> Children's Centre	<input type="checkbox"/> Leaflet	<input type="checkbox"/> Project's website
<input type="checkbox"/> Employer	<input type="checkbox"/> Local council	<input type="checkbox"/> Other (specify):	
7. Participant declaration:			
The ESF division of the Department for Work and Pensions may wish to contact some participants directly. Please tick if you agree to your details being passed on for this purpose. <input type="checkbox"/>			
I declare that the details given on this form are true to the best of my knowledge.			
Participant signature:			
8. For project staff:			
<i>Please ensure that all sections of this form are completed.</i>			
By signing this form, I confirm that:			
<ul style="list-style-type: none"> the participant meets all eligibility criteria outlined in the tendering prospectus. participant has been informed that the activity delivered by the provider is funded by the European Social Fund and the co-financing Borough, through London Councils. I have seen the participant's proof of ID, proof of address and evidence of their right to work in the UK. 			
If the participant could not provide their NI number, please state what other evidence was available to prove that the participant is eligible to work in UK:			
Staff signature:			
Print name:		Participant start date:	