



Learner Agreement 19/20 — Apprenticeship Frameworks only

Minimum duration is 365 days or longer if stated on Apprenticeship Frameworks online.

Before completing this form please ensure you have the correct PLR record and EDRS number.

NB the name you provide below will be the name that appears on your qualifications certificates (if applicable)

COMPLETE USING CAPITAL LETTERS AND BLACK INK

Learner Name: (incl middle name if applicable) _____

Assessor / Tutor: _____ Name of Partner/Sub-contractor _____

Apprenticeship framework, code, level & pathway _____

Transferring from another provider/college, same qual? **Yes / No**. If yes, contact MITSkills prior to sign up.

Progressing from L2 to L3 or has prior learning/experience? **Yes/ No**, if Yes complete the remaining funding to be claimed, due to prior learning, in the box below (e.g. if no reduction is required funding is 100%) and obtain IQA signature.

% Funding to be claimed after RPL/APL or prior learning/experience - Main aim: Or Transfer (please evidence) All % approved by IQA	- Tech Cert: - F/skills:	IQA signature
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Title of Qualifications / Units / Opt. Units	Awarding Body / Ref	% Funding	IQA Signature	Date Registered	Start Date	Length of Stay (Months)	Office Use Only. P.E.D

NB the apprentice must sit L2 English and Maths during their L2 Apprenticeship as well as L1 unless exempt at Level 1 or 2 in either English and/or Maths at start. **Office Use Only Actual End Date:**

Address: _____ Unique Learner No (ULN) if known: _____

_____ National Insurance No: _____

_____ Postcode: _____ Gender: _____

Age: _____ Date of Birth: ____/____/____ Tel No _____

Mob No: _____ Email: _____

Nationality: _____ **Have you lived in the UK / EU / EEA for the last 3 years?** Yes No If no answer B
(Passport held) **b) Parents have right to remain for last 3year UK / EU / EEA** Yes No If No Answer C
c) I have evidence of right to remain in UK Yes See Page 7 No

Next of Kin details (This information is used as emergency contact details) Under 18 your next of kin is updated on progress.

1. Name of Next of Kin: _____ **Next of Kin Tel Number:** _____

Address if different from above: _____ **Relationship to learner** _____

2. Name of Next of Kin: _____ **Next of Kin Tel Number:** _____

Address if different from above: _____ Relationship to learner _____

Employment – please tick all that apply:

Do you have the right to work in this role in England? Yes No

Employed Length of employment before start: _____ (months) Hours per week*.....

Job role / title: * _____

Skill, trade or occupation for which the apprentice is being trained: * _____

Employment / Work experience details, list including current first:

COMPANY NAME	FROM	TO	DETAILS – Please give a brief description of your duties.	REASON FOR LEAVING

Eligibility check: OK Additional evidence required and attached

Where did you hear about us? Please tick one

Advertisement Company School / College Friends Website Other: _____

Previous qualifications - - I confirm my PLR was available

Name of last School or College attended: _____ Date of Leaving: ____/____/____

Please list below the subjects you have taken at school / college and qualifications you have achieved or awaiting results for.

Please provide copies of certificates achieved within 4 weeks of start

SUBJECT / Level	RESULT

Are you currently on or have you ever taken part in any Government funded training programme? Please tick one. YES NO

If yes', please give details: _____

Please tick the box(es) that you are most interested in:

- Vehicle Body Repairer or Painter
- Vehicle Mechanic on Cars or Trucks
- Business Improvement Techniques
- Other (Give details).....
- Beauty
- Plumbing
- Manufacturing
- Hairdressing
- Electrical Installation
- Customer Service
- Business Admin
- Sports Facilities
- Engineering

MITSkills aims to ensure that no employee or trainee or any potential employees will receive less favourable consideration or treatment by virtue of his or her gender, race, colour, disability, marital status, sexual orientation, nationality or ethnic origin. Furthermore, we aim to ensure that no person would be disadvantaged by any condition or requirement, which cannot be shown as, justified

Ethnicity codes and numbers are based on 2011 Census (please tick relevant box)

- | | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> White-English/Welsh/Scottish/Northern Irish/British (31) | <input type="checkbox"/> Indian (39) | <input type="checkbox"/> Arab (47) |
| <input type="checkbox"/> Irish (32) | <input type="checkbox"/> Pakistani (40) | <input type="checkbox"/> Any other (98) |
| <input type="checkbox"/> Gypsy or Irish Traveller (33) | <input type="checkbox"/> Bangladeshi (41) | <input type="checkbox"/> Not Provided (99) |
| <input type="checkbox"/> Any other White background (34) | <input type="checkbox"/> Chinese (42) | |
| <input type="checkbox"/> White and Black Caribbean (35) | <input type="checkbox"/> Any other Asian background (43) | |
| <input type="checkbox"/> White and Black African (36) | <input type="checkbox"/> African (44) | |
| <input type="checkbox"/> White and Asian (37) | <input type="checkbox"/> Caribbean (45) | |
| <input type="checkbox"/> Any other Mixed / multiple ethnic background (38) | <input type="checkbox"/> Any other Black/African/Caribbean background (46) | |

Do you consider yourself to have a disability, health problem or learning difficulty? Yes / No

From the list below, please tick relevant box(es) and indicate which is your one primary or most significant concern that may affect your learning: (codes shown are standard funding codes)

	Primary		Primary		Primary
Visual impairment (4)		Severe learning difficulty (11)		Other physical disability (93)	
Hearing impairment (5)		Dyslexia (12)		Other specific learning difficulty e.g. Dyspraxia (94)	
Disability affecting mobility (6)		Dyscalculia (13)		Other medical condition e.g. epilepsy, asthma, diabetes, allergies (95)	
Profound complex disabilities (7)		Autism spectrum disorder (14)		Other learning difficulty (96)	
Social / Emotional difficulties (8)		Aspergers Syndrome (15)		Other disability (97)	
Mental health difficulty (9)		Temporary disability after illness or accident (16)		Prefer not to say (98)	
Moderate learning difficulty (10)		Speech, Language and Communication Needs (17)		Not Provided (99)	

If you select any code with "Other" above, please give details: _____

Do you have a Statement of Educational needs (SEN)? **Yes / No (If yes and 19-24 please provide a copy)**

Do you have an Educational Health Care Plan (EHC)? **Yes / No (If yes and 19-24 please provide a copy. See page 8 for permission to inform employer)**

Children and Care

Are you or have you recently been in local authority care? **Yes / No (If yes please provide a signed e-mail or letter confirmation from a local authority appointed Personal Advisor confirming you are a care leaver. See page 8 for permission to inform employer)**

For Apprentices only

Do you wish to claim the Care Leaver Bursary? **Yes /No. If yes, please complete a Care Leaver Bursary Declaration**

Are you a Full Time Carer? **Yes/No**

Have you ever been convicted of an offence by a criminal court, other than a conviction which is spent by virtue of the Rehabilitation of Offenders Act 1974?

YES / NO..... (If yes, please attach details)

To be collected for non-levy funded apprenticeships only

Please tick which of the following statements apply (can be Opt1 and 2; Opt 1 and 3; Opt 2 and 3; and Opt 1, 2 and 3):

- 1 - No member of the household in which I live (including myself) is employed
- 2 – The household that I live in includes only one adult (aged 18 or over)
- 3 – There are 1 or more dependent children (aged 0-17 years or 18-24 years if fulltime student or inactive) in the Household
- 4. - None of these statements apply

Or

- I confirm that I wish to withhold this information

Personal Statement

What are your reasons for learning?

Personal Achievement Peer pressure

To get a job Parental pressure

Improve Job Prospects / Promotion

How do you see the future for you? _____

What are your career / progression aspirations? _____

What relevant knowledge or skills do you have?

How was your last educational experience?

Did you complete the course?

Describe your attendance level.

Do you think you have any barriers to learning?

Do you like to learn new things?

What are your hobbies or interests?

Do you belong to any clubs / organisations?

Personal and social skills.

How do you get on with colleagues and peers?

Support required from us:

Numeracy ICT None

Literacy Other

Reading If other, give details _____

How MIT will address this _____

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation.

You can agree to be contacted by other third parties by ticking any of the following boxes:

About courses or learning opportunities.

For surveys and research.

By post.

By phone.

By e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

In order to service your funding claim, MITSkills is required to share data with the Learning Record Service, part of the ESFA and share details and obtain consent to your data being used on this service.

Privacy notice for pupils, students, learners and trainees

1. Tier 1 privacy notice text

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. For more information about how your information is processed and to access your Personal Learning Record, please refer to:

<https://www.gov.uk/government/publications/lrs-privacy-notice>

Privacy Notice on Behalf of MITSkills: How We Use Your Personal Information

Learner Consent (By signing this application you consent to MITSkills contacting you and using your data as follows):

MITSkills uses your details only with your consent. By signing this document you confirm your consent that MITSkills can use and share data for the following purposes: 1) learner initial assessment evidence including accessing and inputting data to the LRS (Learner Record Service) to use, verify, update and check your learning record or where no verifiable learner record exists, create as appropriate a Personal Learning Record; .2) You consent to the verification of your learning status and the declared data given in this application via the ESFA funding system and required checks within the funding rules; 3) You consent to your data being shared to confirm ESFA funding and eligibility data by MITSkills and Training partners. MITSkills has your consent to contact you using email, phone, or electronic messaging, as given in this pack ,for quality, learning progression and funding assurance, (such as confirmation of eligibility, contact details ,course progression, continued learning, employment destination and evidence required for ESFA learner audits); 4) We share data with your consent including e portfolio and progression evidence such as reviews, exams and mentor report with your employer and the funding bodies; 5) MITSkills has your consent to data share to fulfill funding obligations and duty of care under Government legislation, including, as required by the Government and local authorities, where the verification or data sharing is required by legislation or audit purposes; 6) This also includes data sharing associated with all you and your employers application for funding and the evidencing of eligibility, learning and progression following learning, to ESF and ESFA funding requirements set by these funding bodies; 7) You confirm and consent to the use of your data for registration with appropriate awarding bodies, exam registration, internal and external verification assessments and if required, end point assessment bodies and certification processes.

Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. Guidance on the funding bodies' use of your information can be found at

<https://www.gov.uk/government/publications/esfa-privacy-notice>

I confirm that I the learner can be contacted by MITSkills for the purposes of confirming me as a valid learner, by phone or email or as provided in my details. I understand this includes for the purposes of surveys, funding evidence and audit, progression advice, pastoral care, the collection of progression data and to quality assure the delivery of my course. On completion I can be contacted to confirm my destination and for progression support as outlined above. Where I have provided a contact number and email I agree to it being used and updated throughout my course for these purposes up to 24 months after my planned or actual end date whichever is the later.

By ticking and then signing this document I confirm I have read and agree to the above uses and sharing of my data and MITSkills contacting me as outlined in the privacy and consent statement

Where there is an * on page 1,2,5&8 of this document and where there are relevant points within this document, we acknowledge we, the Employer and learner, have confirmed an Apprenticeship Agreement is in place for the duration of the longest aim or the minimum period required under ESFA rules (1 year working 30 hours or more per week, or where part time below 30 hours, the minimum duration and contract have been extended pro rata.)

Apprenticeship Funding Declaration

We, the Employer, agree to funding our share of the cost of the apprenticeship as per our contract with MITSkills and confirm the following. We, the Employer are: -

- a) A Levy Payer and have completed a contract and given all the details of my levy account to MITSkills
- b) A Non-Levy payer due to pay a contribution as per my contract and agreed payments with MIT Skills.
- c) A Non-Levy payer with not more than 49 employees in the 365 days prior to starting this apprentice (with no more than 50 employees including this apprentice, at the time of sign up)
- c.2) I am claiming small employer contribution exemption as my apprentice has confirmed and evidenced they are in a supported group see e, f, g I have also completed the State Aid Declaration on Page 10
- d) A Non-Levy payer in receipt of a Levy Transfer and have confirmed the detail in writing and have completed the State Aid Declaration page 10

I, the Apprentice, am:

- e) Aged 16 to 18
- f) Aged 19-24, a care leaver and confirm I have approved sharing this with my employer (see evidence attached)
- g) Aged 19-24 with an Educational Health Care (EHC) Plan and I approve my employers knowledge (see evidence attached)

By signing below we, the Employer confirm the above as true and I, the Apprentice, that supporting evidence is as stated.

We, the Employer, agree to the Apprentice having 20% of their paid time for “off the job training” within their working hours to complete their Apprenticeship. This will be quantified and evidenced by us, the Employer, by **statement and signatures** at regular reviews, as per our contract. Where Maths and /or English are required as per the Funding Rules for the Apprenticeship, we, the Employer, will also ensure the Apprentice is given an additional 55 hours for Maths and 55 hours for English in paid working time during the agreed delivery period. This may be increased where additional support is required (roughly 1 hour per week per subject if taken over a year)

We, the Employer and Learner, agree to quantify and confirm the “off the job training hours” received between each review as part of each review. Below is the basis of the agreement for each review and should be read in conjunction with the Commitment Statement.

The Employer confirms the learner is contracted for the agreed duration and this is not shorter than the minimum funding duration of the Apprenticeship. The contracted hours per week are as follows.

_____ (A) per week, the off the job hours will be approx _____ hours per week (20% = (A)/5) plus _____ (B) hours for Maths per week and _____ (C) hours for English per week. (See Commitment Statement)

The employer/learner agree to all the above points and to a total of _____ Planned Off the Job hours * for the Apprenticeship – matching the Commitment Statement *= This is a legal requirement for an Apprenticeship Agreement

The MITSkills Learner and Employer Handbook confirm the complaints procedure which is also on www.MITSkills.com. MITSkills Lead for complaints is Hani Zubeidi. For unresolved complaints, contact the **Apprenticeship helpline** nationalhelpdesk@apprenticeships.gov.uk, or telephone: 0800 015 0400.

Learner Name: _____ Signature: _____ Date: ___ / ___ / ___

Provider Name: _____ Signature: _____ Date: ___ / ___ / ___

Employer Name: _____ Signature: _____ Date: ___ / ___ / ___

Will you be signing up to use an E Portfolio (Assessor to confirm) Yes / No (circle as appropriate)

Please return this Agreement along with all items in bold and tick the appropriate item sent

Staff use only Have you?	Sign up	Office check
Completed Learner File		
Transfer Form completed prior to Sign up with IV signature (if applicable)		
Received date stamped/signed copies of previous qualification certificates		
RPL evidence with signature (if applicable)		
Competency & Prior Learning Assessment Document		
Completed Initial Assessment & printed off results		
Completed Employer Health & Safety Check and Insurance		
Copy of Job Description		
Initial Review with PLR and EDRS evidenced		
Mentor assigned		
Completed Learning Styles Questionnaire		
Completed Image Repro / Info Permission and Visit Consent (if under 18 yrs)		
Completed Learner Health & Safety Questionnaire		
State Aid Declaration Page 10		
Office only - Photo copied paperwork after successful signup and handed to Assessor.		

This Learning Programme Receives Funding through the European Union



State Aid declaration

Section One – (De Minimis) Company Level Data Capture Form

1. What is your company name?

2. What is your company's registered address?

3. Contact Details

Email:

Telephone:

Section Two - (De Minimis)

STATE AID RULES

Where activity is supporting individuals to improve their employability and help them move closer to the labour market the aid is being provided to the individual and there are no direct benefits for enterprises. However, for those elements which provide support to individuals in employment there may be state aid implications because their employers are receiving support towards the costs of training. Where funding which supports individuals in employment to achieve full or part qualifications this may constitute an aid.

The de minimis regulation enables an enterprise to receive up to €200,000 euros in aid (any public resources including ESF) over three fiscal years. Providing such aid is given within the de minimis rules there is no requirement to notify it to the Commission.

To ensure that the requirements of the de minimis regulation are met, scheme administrators must ensure that any award of funding and other public match funding to an enterprise given under the terms of the de minimis block exemption does not breach the €200,000 ceiling over three fiscal years. Member states are required to keep detailed records of any de minimus aid paid for 10 years.

The de minimis regulation:

- extends the scope of the regulation to marketing and processing of agricultural products with certain conditions and the transport sector (but not to road haulage operations for the acquisition of road freight transport vehicles).
- prohibits the cumulation of de minimis with other block exempted or notified aid schemes for the same costs, and ;
- increases the de minimis level from €100,000 to €200,000 except the road transport sector which remains at €100,000.

Organisations using the de minimis rules must put in place a monitoring system to ensure the limit is not breached. Typically, such a monitoring system will involve:

- asking enterprises receiving support under their scheme to identify all other sources of support (either in cash or in kind) that they have received in the last three years;
- checking if previous de minimis aid is involved, to ensure that the combined assistance does not exceed €200,000 over any three-year rolling period. If the limit is breached, the aid may have to be reduced or refused to ensure the limit is not breached.

The Government State Aid Branch advises writing to each recipient in the following terms:

“The assistance for [...] constitutes State Aid as defined under Articles 87 and 88 of the Treaty of Rome and is being granted as ‘de minimis’ aid under Commission Regulation EC/1998/2006. European Commission rules prohibit any undertaking from receiving more than €200,000 euros ‘de minimis’ aid over a rolling three-year period. Any ‘de minimis’ aid granted over the €200,000 limit may be subject to repayment with interest. If you have received any ‘de minimis’ aid over the last three years (from any source) you should inform us immediately with details of the dates and amounts of aid received. Furthermore, information on this aid must be supplied to any other public authority or agency asking for information on ‘de minimis’ aid for the next three years.”

Whilst de minimis rules are straightforward in principle they are difficult and complex to operate in practice because they are not project related and as such rely on individual enterprises being able to identify how much aid and under which schemes they have received support over a rolling three-year period. Where enterprises have exhausted their aid ceilings under de minimis, there is no capacity for further aid.

State aids must be dealt with using the de minimis rules.

4. Declaration - I declare that the amounts of De Minimis aid received by the company/organisation over the last three fiscal years is including Apprenticeships via full funding or levy Transfer and is below the €200,000 limit :

2015/16	2016/17	2017/18	2018/19	TOTAL
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

5. I confirm that, to the best of my knowledge, the information above is correct and given in good faith. I will notify you of any new aid received from any source during the life of the project.

Signed	<input style="width: 250px; height: 20px;" type="text"/>	Date	<input style="width: 250px; height: 20px;" type="text"/>
Name	<input style="width: 600px; height: 20px;" type="text"/>		
Position within firm	<input style="width: 600px; height: 20px;" type="text"/>		

This information may be shared with other organisations and Department for Education and Department for Work & Pensions for administrative, statistical and research purposes, to inform careers and other guidance and to monitor progress

LEARNING STYLE INDICATOR

The Learning Style Indicator is to help provide us with information on how you learn, so we can ensure that your training plan meets your individual needs.

The three sections below contain a number of statements. Alongside each statement, there are numbers 1 - 5. You need to show how much you agree or disagree with the statement by circling one number per row. For example, if you Never Agree with the statement - Circle 1

Please complete the questionnaire truthfully to allow us to support and understand your needs.

SECTION P	Never Agree	Rarely	Some Times	Often	Always Agree
1. I need to see how things work in real life situations	1	2	3	4	5
2. In groups I like to talk about straight forward things	1	2	3	4	5
3. I can often come up with practical ways of doing things	1	2	3	4	5
4. I like people who come quickly to the point	1	2	3	4	5
5. I enjoy finding practical solutions to problems	1	2	3	4	5
6. In training sessions I find long winded discussions a waste of time.	1	2	3	4	5
7. I like making things	1	2	3	4	5
8. I get impatient with people who come up with 'airy fairy' ideas	1	2	3	4	5

ADD UP THE NUMBERS YOU CIRCLED IN SECTION P AND PUT THE TOTAL HERE

If you scored highest on this section, your preferred learning style is PRACTITIONER

SECTION E	Never Agree	Rarely	Some times	Often	Always Agree
9. I believe life should be filled with new experiences	1	2	3	4	5
10. The saying 'Live for today...' is how I like to live my life	1	2	3	4	5
11. I'm always looking for new and interesting things to do	1	2	3	4	5
12. I find rules and regulations make life difficult and frustrating	1	2	3	4	5
13. Routine tasks bore me	1	2	3	4	5
14. People would probably describe me as fun loving and open	1	2	3	4	5
15. I see myself as adventurous	1	2	3	4	5
16. At school I was a bit of a rebel	1	2	3	4	5

ADD UP THE NUMBERS YOU CIRCLED IN SECTION E AND PUT THE TOTAL HERE

If you scored highest on this section, your preferred learning style is EXPLORER

SECTION R	Never Agree	Rarely	Some times	Often	Always Agree
17. I like to thoroughly read instruction manuals before using a new piece of equipment to be sure I know what I'm doing.	1	2	3	4	5
18. When I have a problem, I like to deal with it step by step	1	2	3	4	5
19. I don't like situations where I have to rush from one thing to another I like to think things through before acting	1	2	3	4	5
20. I like to hear other people's point of view before I make up my own mind	1	2	3	4	5
21. People would probably describe me as more of a listener than a talker when I'm in a group	1	2	3	4	5
22. I like to regularly check my work for mistakes	1	2	3	4	5
23. The saying 'Look before you leap' is how I like to live my life	1	2	3	4	5
24. You should always have as much information on a subject as possible	1	2	3	4	5

ADD UP THE NUMBERS YOU CIRCLED IN SECTION R AND PUT THE TOTAL HERE

If you scored highest on this section, your preferred learning style is REVIEWER

HEALTH & SAFETY QUESTIONNAIRE

Name:	Company / Training Centre:
Who is your personal advisor?	
Who is your First Aider?	
Where is the First Aid Kit kept?	
Where is the Accident Book kept?	
Where is the Health & Safety poster on site?	
Are there any machinery, areas or equipment you are not allowed to use? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes what machinery / equipment / areas</i>	
Do you require any personal protective equipment? What do you use and why?	
Have you received a copy of Learner Handbook? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where are the fire extinguishers kept?	
What would you do if you discover a fire?	
When using dangerous substances what protection should you use?	
Have you been told what the company / Training centres Health & Safety rules / policy are? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give us an example</i>	
Where is the fire assembly point?	
List some of the hazardous substances you work with?	
Do you have any comments regarding your health and safety?	

Image Reproduction & Information Permission Slip

We seek permission for photographs & some information (such as name, course & feedback) of learners, participating in any of our programmes to be used in publicity materials.

By signing this form, you are giving these permissions.

To be filled in by parent or guardian unless 18 or over:

I agree to allow images & information to be used by **MIT Skills** for the purpose of publicity materials such as newsletters, website & awards.

Name of young person or learner (in capitals): _____

Signature of learner or parent or guardian: _____

Date ____/____/____

Day Visit Consent

This form must be completed and returned to the Centre before any learner, can be included in day visits organised by the Centre

Please complete in block capitals, sign and date.

I _____ the parent / guardian of

Give my consent to their participation in day visits organised by MIT Skills as part of the training programme followed by the above-named learner.

I understand that Risk Assessments, which are carried out for each activity, may be seen on request.

Signature _____ Date ____/____/____