



Digital Skills for the Workplace Applicant & Enrolment Form

Section A - Applicant

To be completed prior to course start date.

All sections are mandatory unless stated otherwise and must be completed to enable your application to be considered.

1. Digital Skills Course <i>(to be populated by the Training Provider)</i>	
Course Title:	
Name of Training Provider:	
Course Start Date:	

2. Applicant Name	
Applicant Number <i>(to be completed by Training Provider)</i>	
Applicant First Name:	
Applicant Surname:	

3. Date of Birth	
Please provide your Date of Birth (dd:mm:yyyy)	

4. Applicant's Address & Postcode	
Current Home Address	
Postcode	

5. National Insurance Number	
NI number	

6. Applicant contact details	
Email Address	
Phone Number	
The above information is required for registration purposes and will only be shared with Liverpool City Region Combined Authority, Dept for Education (DfE) and allocated training provider, it will not be shared with anyone else.	
DfE will also be using a third-party research contractor for research purposes. Please confirm if you're happy to be contacted by third party research contractor.	Yes / No



7. Prior Attainment (please tick)		
Entry Level		LEVEL 5 (e.g. Higher National Diploma, Degree Apprenticeship)
LEVEL 1 (e.g. GCSE Grade D-G)		LEVEL 6 (e.g. BA, BSc Degree, Degree Apprenticeship)
LEVEL 2 (e.g. GCSE Grade A*-C, BTEC L2)		LEVEL 7 (e.g. MA, Chartered Professional Qualification)
LEVEL 3 (e.g. A Level, BTEC National Diplomas/NVQ, Advanced Apprenticeship, T-Levels)		LEVEL 8 (e.g. PHD)
LEVEL 4 (e.g. Foundation Degree, Higher National Certificate, Higher Apprenticeship)		(Training Providers – please see Annex on DfE Data Spreadsheet for the full list of qualification types against each Level to assist applicant where required)

8. Employment Status (please tick)	
In full-time employment*	
In part-time employment / zero hours contract*	
Self Employed	
Unemployed for more than 1 year	
Unemployed for less than 1 year	
In training / education	
Retired	
Long term sickness	
Parental leave / other caring responsibilities	
*Please indicate if currently on Furlough at Risk of redundancy, or if you are currently employed via an Agency.	

9. Occupation & Employer	
Please list your current occupation and name of employer. <i>(If you are not currently employed, please give your most recent occupation)</i>	



10. Employed / Self Employed Applicants	
a. Has your employer selected you to apply for this training course	Yes / No
b. Would you like to progress your career with your existing employer organisation?	Yes / No
If the answer was Yes to either 8.a or 8.b please confirm your employer's address	

11. Caring Responsibilities (please tick)	
Yes, caring for children	
Yes, caring for adults	
No Caring responsibilities	

12. Gender (please tick)	
Male	
Female	
Other	
Prefer not to say	

13. Disability / Long Term Health Condition (please tick)	
Yes	
No	
Prefer not to say	

14. Ethnicity (please tick)	
White British	
All other White	
Mixed / multiple Ethnic Groups	
Asian / Asian British	
Black / African / Caribbean / Black British	
Other Ethnic Group	
Prefer not to say	

15. Married / In Civil Partnership (please tick)	
Yes	
No	
Prefer not to say	



16. Sexual Orientation (please tick)	
Heterosexual or straight	
Gay or Lesbian	
Bisexual	
Other	
Prefer not to say	

17. Gender Reassignment (please tick)	
Yes	
No	
Prefer not to say	

18. Currently pregnant / on parental / maternity leave (please tick)	
Yes pregnant	
Yes on maternity	
No	
Prefer not to say	

19. Religion / Belief (please tick)	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion	
Prefer not to say	

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20. Declaration

I declare that the information provided is complete and accurate.

For further information on the Liverpool City Region Combined Authority Fair Processing Notice, please visit the link below:

<https://www.liverpoolcityregion-ca.gov.uk/wp-content/uploads/Fair-Processing-Notice-Digital-Skills-for-the-Workplace.pdf>

If you require further information about how the Department for Education will use this information a copy of the DPIA Digital Bootcamps Privacy Notice v3 can be provided.

Applicant Name:

Applicant Signature*:

Date of Signature:

****If 'wet' or 'digital' signature cannot be provided, then a typed signature is acceptable providing the form is accompanied by an email from the applicant stating that the information they have provided is correct.***



Section B - Enrolment

To be completed prior to the start of the course or on the first day of training.

All sections are mandatory unless stated otherwise and must be completed to enable funding to take place.

1. Digital Skills Course <i>(to be populated by the Training Provider)</i>	
Course Title:	
Name of Training Provider:	
Course Start Date:	

2. Learner Name	
Applicant Number <i>(to be completed by Training Provider)</i>	
Applicant First Name:	
Applicant Surname:	

3. Individual Learner Number <i>(Optional, to be populated by the Training Provider if your organisation has access to this information)</i>	
Individual Learner Number	

4. Applicant's Postcode	
Postcode of Current Home Address	

5. National Insurance Number	
NI number	

6. Employment Status (please tick)	
In full-time employment*	
In part-time employment / zero hours contract*	
Self Employed	
Unemployed for more than 1 year	
Unemployed for less than 1 year	
In training / education	
Retired	
Long term sickness	
Parental leave / other caring responsibilities	
*Please indicate if currently on Furlough at Risk of redundancy, or if you are currently employed via an Agency.	

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7. Plans to Work Alongside the Course (please tick)	
Yes – in full-time employment	
Yes – in part-time employment	
Yes – Self Employment	
No	

8. Liverpool City Region Combined Authority would like to understand your experience of the course and any improvements we can make to future courses?	
Please confirm whether you would be happy to complete a learner evaluation survey on completion of the course.	Yes / No

9. Does the learner consent to being contacted by a third party research contractor (commissioned by Dept for Education) to be invited to participate in interviews and surveys to help us understand their experience of the course and any improvements we can make to future courses? Participation in such research is entirely voluntary and consent can be withdrawn at any time. (Please select)	
Third Party Contact	Yes / No



10. Learning Agreement

I confirm that I have received appropriate advice and guidance in making my choice before enrolling and I understand:

- Course entry requirements and any possibility of accreditation of prior learning
- Whether the course suits my abilities, interest and needs
- Course requirements such as study time, equipment costs
- I need to maintain a minimum level of attendance as agreed with training provider
- Assessment requirements, qualifications and learning outcomes
- The importance of disclosing any additional needs/requirements I may have in order to assist the service in making reasonable adjustments, in particular if this relates to providing notice to examination boards/awarding bodies.
- Future progression opportunities for my career or further study.
- I understand that this programme is funded by Department for Education

11. Declaration

I declare that the information provided is complete and accurate.

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Learner (Participant) Signature*		Date	
Training Provider Signature		Date	
Print Name (Tutor/Trainer)			

**If 'wet' or 'digital' signature cannot be provided, then a typed signature is acceptable providing the form is accompanied by an email from the applicant stating that the information they have provided is correct.*