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| SECTION A – PARTICIPANT DETAILS |

**Additional Support Record Form**  **TrainiProvidName:**

**Collaborative Apprenticeship**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name(s) |  | Surname |  |
| Unique Learner No. *(to be entered by the Training Provider)* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Additionality/wrap-around support provided  | Accredited Course Level (if applicable) | Learning Aim Ref:(Non Acc = N/A) | Start Date | Actual End Date | Delivery Location Postcode |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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| Employment status on completion of the additionality/wrap around support listed above (if still on apprenticeship please mark as employed) |
| Unemployed (short term) | Long term unemployed | Inactive (in education or training) | Inactive (not in education or training) | Employed including self-employed |
|  |
| Upon completion of the additionality/wrap-around support provided above, is the participant engaged in education or training over and above their apprenticeships? | Y | N |
|  |
| Upon completion of the additionality/wrap around support, what is the participant’s highest education level?*(If completion of the additionality/wrap around support completed is not RQF Accredited then please circle “Not Applicable”)* |
| Below isced Level 1 | isced 1 | isced 2 | isced 3 | isced 4 | Isced 5-8) | Not Applicable |
|  |  |  |  |  |  |  |

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| **SECTION D – SIGNED DECLARATIONS** |
| This is a declaration of intent made by the participant and the training provider representative. In signing, the two parties agree that the aforesaid information is correct to the best of their knowledge and all fields have been completed and verified by the training provider representative. The participant signs below to confirm that they are aware that the additionality/wrap around support being undertaken is part-funded by the European Social Fund (ESF) via WYCC. The participant confirms that they have read and understood all of the above statements. |
| Participant Name |  | Sign |  | Date |  |
| Training Provider Rep. Name |  | Sign |  | Date |  |