**WE Work for Everyone   
European Social Fund Part-Funded**

**Participant Enrolment Form**

You need to complete this form in full to be registered on the WE Work for Everyone programme part-funded by the European Social Fund (ESF) and delivered by Bristol City Council.

Information provided will be treated confidentially and in accordance with the General Data Protection Regulation (GDPR) and UK Data Protection Laws (UK GDPR & DPA 2018).   
  
You can view our [Privacy Notice here](https://drive.google.com/file/d/1f5EWDFALa6f0NgrIzfpdJJI56Ja9STQM/view). Personal and sensitive information will be used solely for the purpose of equalities monitoring to ensure that everyone is treated fairly.

The information you provide will be stored by the Council and used to compile anonymous statistics to inform the Council and its funding partners.

First Name(s) Click or tap here to enter text.

Surname Click or tap here to enter text.

Address Click or tap here to enter text.

Click or tap here to enter text.

Post Code Click or tap here to enter text.

Phone number Click or tap here to enter text.

Email address Click or tap here to enter text.

**1. Date of Birth**

Click or tap to enter a date.

**2. Nationality**

a) Are you British? Yes

No

If you are British, please skip to Question 3.

b) what is your nationality? *(Only answer if you are not British)*

\_\_\_\_Click or tap here to enter text.\_\_\_\_\_

c) If you aren’t British, do you have right to work in the UK?:

I am a EU, EEA, Swiss citizen with settled/pre-settled status

I have a permanent residence in the UK (indefinite leave to remain)

I have other visas that allow me to work

I have a refugee status (with permission to work)?

**Please bring in original ID/passport/visa to your initial meeting.   
If initial meeting takes place virtually due to Covid restrictions, please be ready to show your passport during the ID verification meeting**

**3. Gender**

Male  Female  Other

**4. Employment Status**

Currently in part time employment Yes

If Yes, is this a zero hour contract? Yes

In employment but threatened with redundancy? Yes

Are you at School or in full-time education Yes

Aged 15 – 19 not in education, employment or training? Yes

Registered Jobseeker Yes

(If Yes, for how many weeks Click or tap here to enter text.\_\_\_)

On incapacity / inactive benefit Yes

Other (e.g. carer / retired) \_Click or tap here to enter text.\_\_\_\_\_

**5. Educational Level (highest achieved)**

No formal qualifications

NVQ Level 1 (e.g. GCSEs Grades D – G )

NVQ Level 2 (e.g. GCSEs Grades A\* – C )

NVQ Level 3 (e.g. A Levels)

NVQ Level 4 (Certificates of higher education) or over

Is English your first or main language? Yes  No

We want to make sure that our services are fair and provided to those who need them. The information you provide will be used to help us to plan your support. By answering these questions, you will help us improve what we do and make our services more accessible.

The following questions are optional. You do not have to answer any of these questions but the more information you supply, the more effective our monitoring will be.

**6. Ethnic Background\***

White – British

White – Irish

White – other EU

Traveller / Gypsy

White – Other  (please specify) Click or tap here to enter text.

Mixed – White and Black Caribbean

Mixed – White and Black African

Mixed – White and Asian

Mixed – Other

South Asian or Asian British – Indian

South Asian or Asian British – Pakistani

South Asian or Asian British – Bangladeshi

South Asian or Asian British – Other

Chinese

Black or Black British – Caribbean

Black or Black British – African

Black or Black British – Other

Other  (please specify)\_\_Click or tap here to enter text. \_

Prefer not to say

**7. Disability\***

Would you class yourself as disabled? Yes  No  Prefer Not to answer

If Yes, are you:

Hearing impaired / Deaf Yes  No  Prefer Not to answer

Visually impaired / Blind Yes  No  Prefer Not to answer

Mental Health Issues Yes  No  Prefer Not to answer

Learning Difficulty or learning disability Yes  No  Prefer Not to answer

Autism Spectrum Disorder/Asperger’s Yes  No  Prefer Not to answer

Other Physical Disability Yes  No  Prefer Not to answer

Other work limiting illness or condition (please specify) \_Click or tap here to enter text.\_\_

**8. Other Information\*   
  
Are you:**

From a jobless household? Yes  No  Prefer Not to answer

From a jobless household with dependent child/ren? Yes  No  Prefer Not to answer

Single Parent / Carer? Yes  No  Prefer Not to answer

Homeless? Yes  No  Prefer Not to answer

**“Soft Skills” – Status on Joining**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill** | **Level 1** (low) | **Level 2** | **Level 3** | **Level 4** | **Level 5** (high) |
| Self Confidence |  |  |  |  |  |
| Numeracy |  |  |  |  |  |
| Literacy |  |  |  |  |  |
| Problem Solving |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Aspiration / Motivation |  |  |  |  |  |

**Obtaining/disclosing information**

|  |
| --- |
| I understand that my personal information will be held by WE Work for Everyone, and that it may be shared with referral organisations only with my permission *(tick box)*  I understand that WE Work for Everyone and partner organisations may contact me for evaluation purposes (satisfaction survey) *(tick box)* |
|  |

**Informing benefit providers of change**

Your entitlement to benefits could be affected by decisions you take, or changes and progress you make while or after engaging with the We Work for Everyone programme. It is vital to inform all relevant agencies about any changes to your work hours and pay, even if you think your benefits will not be affected. It is your responsibility to inform all relevant agencies of changes to your circumstances, although your Navigator can support you with this process if needed.

|  |  |
| --- | --- |
| By signing this form, you:   * Have been informed and understand that the activity delivered by the provider named on this form is part-funded by the European Social Fund and have received leaflet ESF2020. * Understand that this ESF Provision is voluntary. * Agree to participate in this ESF Provision. * Understand that WE Work for Everyone will store your basic personal information included on this form, to make referral to the Provider. * Understand that, if eligible, you will meet navigators to receive 1-2-1 support best tailored to you from our single menu of opportunities. * Understand that, our staff may refuse to support those who behave in a discriminatory, offensive, aggressive or disruptive manner. * Give consent for us to stay in touch with you to monitor your progress and provide support for up to 6 months from when you join a training programme or employment.  You can choose any mode of communication you prefer – a phone call, SMS, Email or by post. You can opt out of staying in touch after 6 months   I understand and accept the commitment expected of me while engaging with the programme | |
|  |

Signed \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are completing this form remotely and digitally due to Covid-19 restrictions, please put ‘Covid’ in signature section above.

Date \_\_\_\_\_\_\_Click or tap to enter a date.\_\_\_\_\_\_

For office use

Checklist

|  |  |
| --- | --- |
| **Project Name** | We WORK for Everyone |
| **Participant Reference Number** |  |
| **Evidence 1**  **ID/Right to work in the UK** | Passport/visa/settled status (Circle document seen or delete as necessary if in digital format)  Passport /ID number:  Visa reference number: |
| **Evidence 2** | Employment status |
| **Evidence 3** | Proof of address |
| **Other** | Academic qualification (not essential part of provision) |

The eligibility criteria which requires specific evidence are:

* UK resident and living in West of England region
* right to take paid employment in the UK
* aged over 16
* unemployed/receipt of benefits/threatened with redundancy

You should NOT keep copies of passports, driving licences, birth certificates or identity cards.

All other evidence should be copied and retained. In the case of the documents not to be retained, you will need to note the participant’s file with the type of identity document seen and their reference/serial number.