**INCLUSIVE ABERDEENSHIRE**

**PARTICIPANT REGISTRATION FORM**

**Section 1 – Project Details**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Reference Number:** |  |
| **Date of Registration:** |  |
| **Details of Referring Agency:** |  |
| **Work Programme Eligibility Check:** |  |
| **Start Date:** |  |

**Section 2 – Participant Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Client Registration Number:** |  |
| **Key Worker:** |  |
| **Date of Birth:** |  |
| **National Insurance Number:** |  |
| **Current Nationality:** |  |
| **Place/Country of Birth:** |  |
| **Evidence of Nationality:** |  |
| **Address (inc. postcode):** |  |
| **Evidence of Address:** |  |
| **Home Phone Number:** |  |
| **Mobile Phone Number:** |  |
| **Email Address:** |  |

**Section 3 – Income**

|  |  |
| --- | --- |
| **Client’s Household Income:** |  |
| **National Median Household Income:** |  |
| **Client’s Household % of National Median Household Income:** |  |
| **Is Client’s Household % of National Median Household Income less than 60%?:** | Choose an item. |
| **Evidence of Client’s Household Income:** |  |

**Section 4 – Client Expectations**

|  |  |
| --- | --- |
| **What is the single most important thing stopping you from getting the financial security you want?** |  |
| **What do you hope to get out of working with the project?** |  |
| **What are your long-term goals?** |  |

**Section 5 – Employment Status**

|  |  |
| --- | --- |
| **Status** | **Duration** |
| Choose an item. | Choose an item. |

**Section 6 – Barriers to Employment**

|  |
| --- |
| Living in a jobless household |[ ]
| Long-term unemployment |[ ]
| Living in a jobless household with dependent children |[ ]
| Living in a single adult household with dependent children |[ ]
| Disability |[ ]
| Migrants, people with a foreign background, minorities (including marginalised communities such as the Roma) |[ ]
| Homeless or affected by housing exclusion |[ ]
| Asylum seeker |[ ]
| Refugee |[ ]
| Primary carer of older person |[ ]
| Primary carer of a child/children (under 18) or adult  |[ ]
| Underemployed |[ ]
| Retired |[ ]
| Low income employed |[ ]
| Looked after young person |[ ]
| Criminal convictions |[ ]
| Long-term physical illness |[ ]
| Mental health issues |[ ]
| No work experience |[ ]
| Substance related conditions |[ ]
| Low skilled (i.e. ISCED 1 or 2) |[ ]

**Section 7 – Details of Benefits**

|  |
| --- |
| Job seekers allowance |[ ]
| Education maintenance allowance |[ ]
| Carers allowance |[ ]
| Income support |[ ]
| Incapacity benefit/Employment and Support Allowance |[ ]
| Housing benefit |[ ]
| Working Tax Credit |[ ]
| Council Tax Benefit |[ ]
| Disability Living Allowance |[ ]
| Child Tax Credit |[ ]
| Child Benefit |[ ]
| Childcare element of Working Tax Credit |[ ]
| Universal Credit |[ ]
| Other |[ ]

**Section 8 – Qualification Level**

Choose an item.

**Section 9 – Additional Information**

|  |  |
| --- | --- |
| **Length of time since participant last worked (in years/months):** |  |
| **Is the participant a ‘Workforce Returner’?:** | Choose an item. |
| **Details of any agencies/services that the participant is engaged with:** |  |
| **Description of participant’s skills and attributes:** |  |
| **Does the participant have an active ILM account?:** | Choose an item. |
| **Does the participant have a valid driving licence and/or access to transport?:** | Choose an item. |

**Section 10 – Equalities Monitoring**

|  |  |
| --- | --- |
| **Is the participant under 25 years of age?:** | Choose an item. |
| **Is the participant above 54 years of age?:** | Choose an item. |
| **Does the participant consider themselves to have a disability?:** | Choose an item. |
| **Citizenship Status:** | Choose an item. |
| **Gender:** | Choose an item. |
| **Ethnicity:** | Choose an item. |

**Participant:**

I am aware that I am receiving support from the European Social Fund and declare that the information in this form is correct to the best of my knowledge. I confirm that I have read and understood the Fair Processing Notice (Appendix 1) and understand that I have the right to withdraw consent in the future.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Worker:**

The information in this form is correct to the best of my knowledge and copies of supporting evidence have been made and retained as set out in the checklist in Appendix 2.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1 – Fair Processing Notice**

**Who may process your personal data?**

The information which you provide on the attached form will be processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is a Data Controller of this information for the purposes of the Data Protection Act 1998.

**What personal data will be collected?**

The information which you provide on the attached form. This includes:

* Personal contact details
* Date of birth
* National insurance number
* Nationality
* Employment status
* Details of barriers to employment faced
* Details of benefits received
* Qualification level
* Equalities monitoring data

**For what purposes will your personal data be used?**

The information which you provide on the attached form will be used by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following purposes:

* To tailor services to your needs
* To ensure that you are eligible for support from the European Social Fund (ESF)
* To provide evidence of your eligibility for ESF support to the Scottish Government and European Union
* To compile (anonymised) statistics to support claims for ESF grant

**Will Aberdeenshire Council disclose your personal data to anyone else?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will disclose your data to officials from Aberdeenshire Council, the Scottish Government, and the European Union.

**Appendix 2 – Supporting Evidence**

Please list all supporting evidence obtained and retained on file

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Evidence obtained** | **Copy on file?** |
| Age |  | Choose an item. |
| Nationality |  | Choose an item. |
| Address |  | Choose an item. |
| Income |  | Choose an item. |
| Employment status |  | Choose an item. |
| Barriers to employment |  | Choose an item. |
| Benefits |  | Choose an item. |
| Qualification level |  | Choose an item. |
| Other evidence |  | Choose an item. |