

Back To Business

Sign-up pack for young people

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L5 Learner's file: evidence checklist

Name of Learner:	
Project Worker :	
Borough:	

	Evidence Required:-	Document required	Copy	Original
	ESF ILR Form	Highlighted sections on ILR form to be completed in full and signed by Learner. Proof of ID to be provided. (p.2)		
	L1 Referral Form	Participant is enrolled in a school, college, PRU, other learning provider, apprenticeship (P.1, Sec A)		
		Signed by participant (Page 1, Sec A)		
		Has been identified as at risk of NEET by Cxs or referring school/agent (P.1, Sec B)		
		Signed by provider (Page 1, Sec C)		
	L3 Individual Learning Plan	Signed by B2B PA (P1, Sec D)		
		Goals/ Action Plan (P 3, Sec C)		
		Training and support to help learner's progress (P3, Sec D)		
		Declaration that IAG was provided by Cx or the EET provider (P 3, Sec B)		
		Signed by participant (P 3, Sec C)		
	ESF ILR Form	Signed by provider (P 3, Sec C)		
		Post 16: Nat Ins no./passport no		
	LA Assessment	Creation of a new aim or valid ILR/SR using learning aim ZESF0001 in AO9 with start date in A27, code 2 in A23, code 1 in A35		
		Original Copy of CAF/CAPIR summary sheet (page 5-6)		
		Skills for Life Assessment STAR or mock exam results in literacy AND numeracy in the last 12 months. If this does not exist then Project Worker's Basic Skills Agency fast track assessment must be completed. A letter stating the learners literacy and numeracy levels and signed by the school and the learner will be accepted. (Project Worker to add)		

L1 Learner Referral Form

Section A

This is to confirm that:	
<i>Learner's Name</i>	<i>Learner's Signature</i>
is in education/learning/work/apprenticeship (<i>please delete as appropriate</i>) at:	<i>organisation</i>
Is legally resident in the United Kingdom; and has the right to work in the United Kingdom, with no restrictions on taking up employment and has been identified as being at risk of NEET (Not in Employment Education or Training) with one or more of the risk factors outlined below.	

Section B

Learner background and risk of NEET Factor	Please tick	Learner background and risk of NEET Factor	Please tick
Poor attendance (less than 85%)	<input type="checkbox"/>	Homelessness/Accommodation issues	<input type="checkbox"/>
English as an additional language (EAL)	<input type="checkbox"/>	Low confidence/Self-esteem	<input type="checkbox"/>
Exclusions (Permanent or fixed term 10 or more)	<input type="checkbox"/>	Underachievement at Key Stage 4 (across all subjects)	<input type="checkbox"/>
Free School meals (FSM)	<input type="checkbox"/>	Medical Conditions (if it affects learning / attendance)	<input type="checkbox"/>
Looked after children (LAC)	<input type="checkbox"/>	At risk of offending	<input type="checkbox"/>
Special Educational Needs With/without statements & School Action Plus	<input type="checkbox"/>		

Section C: To be completed by referring learning provider/employer:-

Name:		Tel no:	
Position:			
Signature			Date

Section D: To be completed by referring PA or ESF Project Worker: I confirm that the above details are correct

Name:		Tel no:	
Position:			
Signature			Date

Company Stamp

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L3 Individual Learning Plan

Name:	YPID:
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Current place of education or training	
Current course	
Name of Project Worker:	Date B2B Agreement started:

Outcome of assessments

	Good	OK	To work on	Comment
Vocational/subject learning				
Basic skills				
Personal skills				
Motivation				

Achievements:

Future Goals;

Section B. Statement

Information, Advice and Guidance has been provided above that provided by Connexions or the home institution (the school, college, Pupil Referral Unit or other learning provider attended by the participant).

I am willing for this information to be shared with providers in order to help me. I am aware that the information may be held on a computer system and that I am entitled to see any information held about me

Signed on (date)	Learner	Project Worker

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Section C: Action Plan

Short Term Goals	How will I achieve it? Who will help me?	By when?	Review date?
B2B courses			
Medium Term Goals			
13 weeks/ 1 term			
Long Term Goals			
26 Weeks/ 2 terms			
Young Person's Signature	Project Worker's Signature		

Section D: What B2B training and support will support the learner's progress

	Name of course	Learning aim	How course will be delivered (i.e. 1:1/ group work)	Course completed (date)
B2B approved courses				
Other courses				

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Where I am at...

CENTRAL LONDON

NAME POSTCODE D.O.B.
 CORE + No. CLC REF. No.
 SCHOOL/COLLEGE/CENTRE YEAR

- 5 I feel good about these things
 4 It's all OK
 3 Some things I am not happy about
 2 Serious problems to sort out soon
 1 I need help urgently

	Education and Employment					Me and Others					Family and Environment					Personal Health		
5																		
4																		
3																		
2																		
1																		
	Getting involved in training education and employment	Success and achievements - things I am proud of	Reading writing and numbers	Key skills	Dealing with problems - coping with things	Hopes, dreams and goals for the future	Who I am? - self image and confidence	My attitude and motivation - what makes me want to do things	Getting on with people - my family and friends	Risk of getting into trouble	Care and support at home	My family situation	The area where I live	My housing and living situation	Money issues	My health and fitness	Emotions and feelings	Drinking, smoking and drugs

NEXT STEPS

NEXT meeting (date): (time) is at (place)

I agree this is what we discussed Yes / No

Signed by Young Person DATE

Signed by Personal Adviser Print PAs name

Contact Details Email address

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Where I am at...

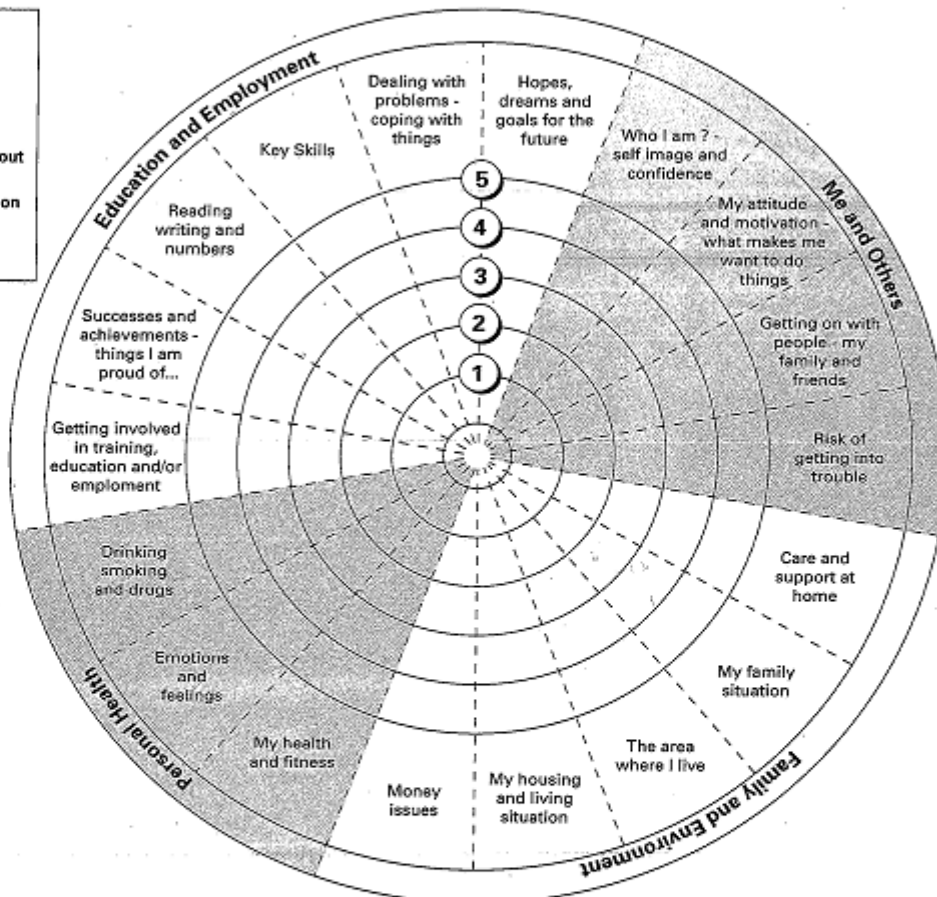
NAME POSTCODE D.O.B.

CORE + No. CLC REF. No.

SCHOOL/COLLEGE/CENTRE YEAR

KEY:

- 5 I feel good about these things
- 4 It's all OK
- 3 Some things I am not happy about
- 2 Serious problems to sort out soon
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I agree this is what we discussed Yes / No

Signed by Young Person DATE

Signed by Personal Adviser Print PAs name

Contact Details Email address

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Key Information

Project Workers to add **completed Skills Assessment** and return completed paperwork to b2b@rbkc.gov.uk.

Forms **MUST** be submitted **mid month & end of the month**, as per the required due date.

For any queries, please contact:

Amy Rumball, Project Co-ordinator, amy.rumball@rbkc.gov.uk or 020 7938 8083

Sam Armitt, Programmes Manager, sam.armitt@rbkc.gov.uk or 020 7938 8085

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