

Learner Registration Form

All information requested on the learner registration form is mandatory, applications will not be processed with missing information.

To be completed by/on behalf of the learner

Surname	
Forenames	
House Number	
Home Post Code	
NI Number	
Date of Birth	
Email	
Mobile Number	
Opt. out of ULN registration	Yes/No
Employer	
Employment Location	

To be completed by the **Assessor**

Assessor Name	
IQA Name	
Award Description	
Planned End Date	
Option Unit Selection(s)*	

*For the level two qualification include one from group two (i.e. 320 or 321) and two from group three. For the level three qualification include two options modules.

To be completed by the **Centre Administration**

Unique Learner Number	
Registration Number	
Skillsfile Username	
Skillsfile Password	

Acceptance

Learner ¹	Assessor ²	Centre Manager
[Sign Here]	[Sign Here]	[Sign Here]
Date:	Date:	Date:

1. Learning signature accepts that personal data shall be used by the centre for the purpose of the qualification assessment and award
2. Assessor signature confirms that the candidate has been profiled for the qualification and deemed suitable and all information is correct

Please complete the Information detailed below

Data capture Form

Please Circle all codes that apply below:			
Ethnicity Codes:			
White			
English/Welsh/Scottish/Northern Irish/British	31	Irish	32
Gypsy or Irish Traveller	33	Any Other White Background	34
Mixed/Multiple Ethnic Group			
White and Black Caribbean	35	White and Black African	36
White and Asian	37	Any other Mixed/Multiple Ethnic Group	38
Asian/Asian Britain			
Indian	39	Pakistani	40
Bangladeshi	41	Chinese	42
Any other Asian Background	43		
Black/African/Caribbean/Black British			
African	44	Caribbean	45
Any other Black/African/Caribbean	46		
Other			
Arab	47	Any other Ethnic Group	48
Not Known/Non Provided	99		

Disability Codes:			
Visual Impairment	01	Hearing Impairment	02
Disability Affecting Mobility	03	Other Physical Disability	04
Other Medical Condition (e.g. asthma, diabetes)	05	Emotional/Behavioural Difficulties	06
Mental Ill Health	07	Temporary Disability after Illness/Accident	08
Profound Complex Disabilities	09	Multiple Disabilities	90
Other	97	No Disability	98
Not Known/Non Provided	99		

Gender Codes:			
Male	M	Female	F
Not Specified	X		

Delivery Method:			
OSAT - On Site Assessment and Training		Referral	
EWPA			

The MPBSATC Learning Hub will use your personal data. Your personal data is information which identifies and relates to you including your contact details and photographic image and includes information we obtain directly from you or from third parties, or as a result of our relationship with you in our capacity as the Learning Hub and in providing goods and services to you. We may use your personal data for the purposes connected with our role as the learning Hub and in providing goods and services to you. We may disclose your personal data to third parties, and organisations who provide services to us, for the purposes outlined above, but we will not otherwise pass your personal data to third parties for marketing purposes.

The information you supply will be used by the Skills Funding Agency, an Executive Agency of the Department for Business, Innovation and Skills, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record unless you have selected to opt. out. . For more information please go to: <https://www.gov.uk/government/publications/lrs-organisation-portal>