

LA6 Community Grant

Learner Self-Declaration of Eligibility

Please complete this form with learners who are unable to provide some or all of the Evidence of Eligibility required on Section 1 Question 3 of the Assessment and Enrolment Form.

This form should be completed alongside the assessment and enrolment form, and attached before you submit to the LA6 Team.

Only complete the sections where there is an appropriate eligibility/self-declaration requirement for the learner and ensure the declaration on page 3 is signed by both the learner and tutor.

Learner Name:	
Date of Birth:	
Organisation:	
Completed by:	

1. Basic rules to participate

I confirm, that at the day of starting my learning with the above LA6 organisation, I have the right to:

Live in the UK

Work in the UK

Please tick one or more boxes as appropriate, and explain why evidence is not available:

For example: learner does not have access to their birth certificate, or a passport, but has evidenced a utility bill/driving licence/bank statement confirming their address.

2. Employment status

I confirm I am:

Unemployed: *looking for work/in receipt of a benefit(s) that **REQUIRE ME TO ACTIVELY SEEK WORK***

Economically Inactive: *not currently looking for work/ in receipt of a benefit(s) that **DOES NOT REQUIRE ME TO SEEK WORK***

Please tick ONE box only, and explain why evidence is not available: For example:
UNEMPLOYED: Learner is in receipt of Universal Credit, all transactions completed via an online journal. Learner has logged in and shown me their journal confirming requirement to see work.
ECONOMICALLY INACTIVE: Learner is not in receipt of any benefits and is financially supported by family / Learner is in receipt of a DWP/HMRC benefit that does not require them to seek work and has provided a letter to evidence this.

3. Aged 16 to 18

I confirm that:

I am aged 16 to 18:

I am not in education or training (*full or part time*)

Please describe learners' journey in education to this point:

4. Additional questions

I confirm that:

I have a Disability or Health condition:

I am a lone parent:

I am an ex-offender:

Confirmation from Organisation: *to be completed by Tutor*

Please state here any other information that supports the learner's eligibility to enrol.

Learner Declaration

I certify that I have not given up a job / paid employment to make myself eligible for this ESF support.

I also certify that the information given in this form is correct to the best of my knowledge.

Name and signature of **participant**

Date:

Name and signature of **Tutor**:

Date:

Please attach this form to the **LA6 Assessment and Enrolment form 2021-2023**