

WMCA Enrolment Form 2026/27

1. Learner Information									
Title:		Surname/Family Name:							
First Name(s) in full:			Preferred Name:						
Previous Name (if applicable):									
Home Address:									
		Postcode:							
Staff Internal use only A Learner's home postcode must be in the WMCA area to be eligible for funding. Staff to perform Postcode check at: https://www.gov.uk/government/publications/adult-education-budget-aeb-postcode-files									
Date of Birth (DD/MM/YYYY)		Age on 31 st August 2026:		National Insurance Number:					
Please note: Learners <u>must</u> be aged 19 or older on 31 st August 2026 to be entitled to funding.									
Gender:									
Sex assigned at birth:				Male ☐			Other ☐		
				Female ☐			Prefer not to say ☐		
Home Tel No:				Mobile No:					
Email address:									
2. Please indicate your ethnic group: please tick ONE box									
White ☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any Other White Background					Asian/Asian British ☐ India ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background				
Mixed/Multiple ethnic groups ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other Mixed/multiple ethnic background					Black/African/Caribbean/Black British ☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background				
					Other ethnic group ☐ Arab ☐ Any other ethnic group				
Are you currently caring for children or other adults? - please tick ONE box				Yes		☐		No ☐	
Do you have a criminal conviction (excluding minor motoring offences)?				Yes		☐		No ☐	

3. Residency requirements

Verification of Identity – This must be completed by **all** learners and must detail the type of evidence seen. Evidence must be validated before the learner commences on programme. We do not require copies of the evidence seen.

Type of evidence seen:		Reference number:	
Have you been an ordinarily resident in the UK or EEA prior to the Start Date of your Programme?	Yes	☐	No ☐
What is your nationality? (The country where you have a legal status)			
What was your previous country of residence? (if applicable)			
Date of entry to the UK (if not born here)			

Staff Internal use only

A Learner's eligibility must be checked to ensure they are eligible for funding in line with the funding rules

Type of evidence seen:	
Reference number:	

4. Emergency Contact Details

Emergency contact name:		Relationship:	
Mobile Tel No:		Home Tel No:	

5. Prior Attainment/Highest Previous Qualifications

- | | |
|---|--|
| ☐ Entry Level (<i>Basic Entry Level, E</i>) | ☐ Level 4 (Certificate of Higher Education; HNC) |
| ☐ Qualifications below Level 1 (Pre-entry) | ☐ Level 5 (Foundation Degree; HND) |
| ☐ Level 1 (5 GCSEs D-G/3-1; 1 AS Level; GNVQ Foundation; BTEC First Certificate) | ☐ Level 6 (bachelor's degree; Graduate qualification) |
| ☐ Full Level 2 (5 GCSEs A*-C/9-4; NVQ2; 2 or 3 AS Levels; GNVQ Intermediate; BTEC First Diploma) | ☐ Level 7 or above (master's degree; Postgraduate qualification; Doctorate) |
| ☐ Full Level 3 (4 AS Level; 2 A2/A Level; NVQ3; BTEC Diploma/Extended Diploma/Access to HE (Higher Education)) | ☐ Other qualification: level not known. |
| | ☐ No qualifications |
| | ☐ Not known |

Personal Learning Record (PLR) Agreement

Privacy Notice

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. For more information about how your information is processed, and to access your Personal Learning Record, please refer to:

<https://www.gov.uk/government/publications/lrs-privacy-notice>

Do you give permission to access or create your Personal Learning Record and issue a Unique Learner Number (ULN)?	Yes	☐	No	☐
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Staff Internal use only: If permission is given, please check the Learner's PLR on the LRS and print a copy which must be placed in the learner file. The PLR must be reviewed with the learner to check if there are any discrepancies on the Learner's PLR record.

5.1 Are you currently or have you previously completed a Skills Bootcamp

Are you currently or have you previously completed a Skills Bootcamp	Yes	☐	No	☐
If yes, please provide details of the name of the Skills Bootcamp and the date you completed it.				
Skills Bootcamp Name:				

Start Date:	End Date:
Please note: An adult may generally only undertake one Skills Bootcamp per financial year (1 April to 31 March) and must not be on more than one Skills Bootcamp at any one time.	

Prior Qualifications & Achievement				
<i>Provide a summary of the Learner's previous qualifications. This should include qualifications that are included on the PLR but also discussions around qualifications that are not recorded in the PLR or obtained from a different country. If the learner disputes any learning/qualifications that are recorded in the PLR please provide details below.</i>				
Based on the declaration and Learner Prior Attainment, the learner is identified as Level:				
Are you currently enrolled on any other education or training programme			Yes	☐
			No	☐
If yes, please provide details:				

6. Employment Information						
1. What is your employment status the day before this course? (Please tick ONE box.)					2. If you are unemployed, how long have you been unemployed (please tick ONE box)	3. If unemployed, please state what benefit you receive (please tick ONE box)
	0 – 10 Hours	11 – 20 hours	21 – 30 hours	31+ hours	☐ Less than 6 months ☐ 6-11 months ☐ 12-23 months ☐ 24-35 months ☐ 36 months or over	☐ In receipt of JSA (Job Seeker's Allowance) ☐ In receipt of ESA (Employment and Support Allowance) (Part of WRAG group) ☐ In receipt of Universal credit ☐ In receipt of another State Benefit ☐ None
Paid employment	☐	☐	☐	☐		
Self-employed	☐	☐	☐	☐		
☐ Not in paid employment & looking for work. ☐ Not in paid employment & not looking for work ☐ In full-time education or training before enrolment						
Please note: Skills Bootcamps are designed for individuals who are closer to the labour market and the assumption is that the majority of participants will have been away from the labour market for less than 12 months. A Provider may only deliver a Skills Bootcamp to support adults who have not been in work for longer than 12 months if they judge that a Skills Bootcamp will support them effectively into a job outcome.						
If ticked in Paid Employment above, please state name of your employer, your current job role, and your current hourly rate:						
Name of Employer and Postcode:						

	Postcode:
Current Job Role:	
Current Hourly Rate:	£
Do you earn less than £36,126 gross salary per annum?	Yes ☐ No ☐

Staff Internal use only: Staff members must see evidence of the learner's wages – this could be one of the following: • Wage slip dated within 3 months of the resident's learning start date. • Bank Statement showing the paid amount. • Current employment contract that states gross monthly/annual wages.	
Type of evidence seen:	Reference number:

What Bootcamp are you interested in undertaking?	
If you are currently unemployed, please give your most recent occupation:	
☐ Major Group ☐ Managers, directors, and senior officials ☐ Professional occupations ☐ Associate professional and technical occupations. ☐ Administrative and secretarial occupations	☐ Skilled trades occupations ☐ Caring, leisure, and other service occupations ☐ Sales and customer service occupations ☐ Process, plant, and machine operatives ☐ Elementary occupations
If employed, do you plan to work alongside the Skills Bootcamp?	
☐ Yes (Full-time employment) ☐ Yes (Part-time employed)	☐ Yes (Self-employed) ☐ No
Industry / Sector of current occupation (if currently unemployed, please give most recent occupation)	
☐ Agriculture/forestry/fishing ☐ Distribution/hotels/restaurants ☐ Public admin/education/health	☐ Banking/finance ☐ Energy/water ☐ Transport/communication
☐ Construction ☐ Manufacturing ☐ Other services (Please specify below)	
Are you attending this bootcamp via your current employer (has applicant been sent on bootcamp through their current employment)?	Yes ☐ No ☐
If no, are you undertaking a Skills Bootcamp to enable you to change career?	Yes ☐ No ☐
If you have ticked yes above, please provide details	

7. Disability, Learning Difficulty, and or Health Problem – please tick all that apply, if no option is indicated the starred * option will be selected

Do you consider that you have a learning difficulty, disability, or health problem?Yes ☐ *No ☐ Other ☐ Please specify:

- ☐ Autism Spectrum Condition
- ☐ Disability Affecting Mobility
- ☐ Dyscalculia
- ☐ Down Syndrome
- ☐ Dyslexia
- ☐ Hearing Impairment
- ☐ Mental Health Condition
- ☐ Moderate Learning Difficulty

- ☐ Other Physical Disability
- ☐ Other Specific Learning difficulties, e.g., Dyspraxia
- ☐ Other Medical condition (for example epilepsy, asthma, diabetes)
- ☐ Other Learning difficulty
- ☐ Other Disability
- ☐ Profound/Complex Disabilities
- ☐ Severe Learning Difficulty

- ☐ Social and Emotional Difficulties
- ☐ Speech, Language, and Communication needs
- ☐ Temporary Disability after Illness or accident
- ☐ Vision impairment
- ☐ Prefer not to say.
- ☐ Not provided
- ☐ Are you a wheelchair user?

If you have ticked more than one of the above, please state which disability, learning difficulty, and/or health problem impacts most on your learning

Do you require any reasonable adjustments, additional support or further information you would like to share, such as how this may affect your learning so that we can best support you (please provide details):

If you need support and would benefit from a confidential interview, please tick this box. ☐

8. Contact and Marketing Information**How did you hear about us?**

- | | |
|---------------------------------------|---|
| ☐ Employer | ☐ Search Engine |
| ☐ Job Centre | ☐ Friends / Family |
| ☐ social media | ☐ Other Source |

Additional Information

Please use this section to give any other information or details you feel may be relevant to your application to enrol to the programme being applied for.

The West Midlands Combined Authority (WMCA) is responsible for commissioning and funding Skills programme provisions, including, Adult Skills Fund (ASF), Free Courses for Jobs (FCFJ), and Skills Bootcamps, for learners within the West Midlands. We may use your personal information in our delivery of this work. The privacy notice below describes how we will treat personal information. The Combined Authority is the “data controller” for Adult Education Budget Funding, including Free Courses for Jobs (FCFJ)1 in the West Midlands area from the 2026/27 academic year. The West Midlands Combined Authority has the responsibility for keeping your data safe, using it lawfully, and ensuring your privacy rights are respected. We are responsible for managing the information that we hold, and we recognise that this information is important to you. We take our responsibilities seriously and use personal information fairly, correctly, and safely in line with the UK’s data protection laws. Anyone who receives information from us is also under a legal obligation to do the same and will have a set of data protection clauses included in any contract with us. Where we need to share sensitive or confidential information, we will do so only with your consent, or where we are legally able to do so.

You can agree to be contacted for other purposes by ticking any of the following boxes:

☐ About courses or learning opportunities. ☐ For surveys and research. ☐ By post. ☐ By phone. ☐ By e-mail.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

[Skills Privacy Notice](#)

Learner Declaration

I confirm that I have received information, advice and guidance concerning the Skills Bootcamp entitled **[insert course title] delivered by [insert supplier/delivery partner name]**. This included information about the course, its entry requirements, the expected workload of the course, number of guided learning hours (both taught and self-learning) and the support available to me.

I confirm that the Skills Bootcamp named in paragraph one is the only Skills Bootcamp I am enrolled on currently in this financial year.

I am clear what I will achieve by completing this Skills Bootcamp and agree to attend an interview with an employer (for a job using relevant skills gained from the Skills Bootcamp) arranged for me by the supplier /delivery partner named above (unless I am self-employed or learning with the support of my existing employer and they are contributing to the cost).

I agree to provide all data and information requested by the provider on behalf of the West Midlands Combined Authority (WMCA) to inform evaluation of the Skills Bootcamps programme. This will include:

- Sharing information about my income before the Skills Bootcamp and afterwards when I achieve a positive outcome. A positive outcome is defined as an offer of a new job or an apprenticeship for independent learners, a new role/enhanced role utilising the new skills acquired on the Skills Bootcamp for learners co-funded by an employer or, obtaining new opportunities/contracts for self-employed learners.
- Responding to and engaging with follow-up communications from the supplier/delivery partner named above following completion of the training component of a Skills Bootcamp, and during the next six months, to record my progression as a result.

I will:

- Take appropriate responsibility for my own learning, development, and progression.
- Attend and participate in the training required to successfully complete the Skills Bootcamp.
- Promptly inform the supplier/delivery partner named above and employer if applicable, if any matters or issues arise, or might arise, that will, or may, affect my learning, development, and progression.

I understand that the supplier/delivery partner named above has the right to cancel my enrolment if I have provided false or inaccurate information.

I agree that this information can be used to process my data for contractual requirements, in particular to the disclosure of all the data on this form or otherwise collected about me to the WMCA for the purposes noted in the Skills Privacy Notice

I understand that if I am not satisfied with any aspect of my Skills Bootcamp and wish to raise a complaint I should do so in the first instance with the supplier/delivery partner named above by following their complaint process with full details of the issue. If I am not satisfied with how my complaint has been dealt with, I understand that I may write to WMCA through their [Whistleblowing Policy](#) and [Complaints Procedure](#) process.

Print Name:

Learner Signature:

Date:

Training Representative Declaration
I sign to confirm that, to the best of my knowledge, the information on this form is correct. I confirm I have seen evidence to verify the learner's eligibility, identity, residency status and legal right to work in the UK/EEA. I have discussed and assessed the learner's circumstances, needs and requirements against WMCA eligibility criteria, and I am satisfied with the learner's eligibility for the WMCA programme. I declare that I have supported the learner in the completion of this document and that the above – named learner meets the eligibility conditions to enter this programme. I confirm that the learning activities commenced on the date stated in the Individual Learning Plan. I can confirm that all parties will receive a copy of this learning agreement.

Training Provider Declaration			
Print Name:			
Provider Signature:		Date:	

Office Use Only: also name the documents seen to support eligibility and residency			
Has the learner been an ordinarily resident in the UK on the first day of learning and the learning is taking place in England.			
Current ID checked to confirm eligibility and right to work in the UK			
Confirm visa is not one of the following: Student or graduate visa. Sponsorship visa, including skilled worker visa and seasonal work visa. Imposes a study prohibition or restriction on the individual. Has sufficient time on visa to complete their course			
Has prior learning been checked and verified			
I confirm that I have checked the form for completeness and accuracy, have seen the certification to validate the qualification/grades entered, and have witnessed the identification ticked above.			
Suitable for course?	Yes ☐ No ☐	Accepted on Programme?	Yes ☐ No ☐
Planned Start Date:		Updated ILR	Yes ☐
Staff Signature:		Date:	