Learner Registration Form

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| **Course Details** *(can be completed by Peep practitioner)* | | | |
| **Course title** |  | | |
| **Course venue** |  | **Course start date** | dd-mmm-yyyy |

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| **Learner Details** | | | | | | | | | | | | |
| **Title**  *(Mr, Mrs, Ms etc.)* | |  | | | | **Date of birth** | | | dd-mmm-yyyy | | | |
| **Full Name**  *(to appear on certificate)* | |  | | | | | | | | | | |
| **Maiden Name**  *(if applicable)* | |  | | | | | | | | | | |
| **Home Address**  *(including postcode)* | |  | | | | | | | | | | |
|  | | | | | **Postcode** | | |  | | |
| **Previous Address**  *(including postcode)* | |  | | | | | | | | | | |
|  | | | | | **Postcode** | | |  | | |
| **Email Address** | |  | | | | | | | | | | |
| **Telephone Number(s)** | | *Landline:* | | | | *Mobile:* | | | | | | |
| **Ethnicity**  *(from the options below, please tick the box you feel best describes your ethnic origin)* | | | | | | | | | | | **Please tick** (✓) | |
| **White** | | | English/Scottish/Welsh/Northern Irish/British | | | | | | | |  | |
| Irish | | | | | | | |  | |
| Gypsy or Irish Traveller | | | | | | | |  | |
| Any other white background | | | | | | | |  | |
| **Mixed/Multiple Ethnic Groups** | | | White and black Caribbean | | | | | | | |  | |
| White and black African | | | | | | | |  | |
| White and black Asian | | | | | | | |  | |
| Any other mixed or multiple ethnic background | | | | | | | |  | |
| **Asian/Asian British** | | | Indian | | | | | | | |  | |
| Pakistani | | | | | | | |  | |
| Bangladeshi | | | | | | | |  | |
| Chinese | | | | | | | |  | |
| Any other Asian background | | | | | | | |  | |
| **Black/African/Caribbean/**  **Black British** | | | African | | | | | | | |  | |
| Caribbean | | | | | | | |  | |
| Any other black/African/Caribbean background | | | | | | | |  | |
| **Other ethnic group** | | | Arab | | | | | | | |  | |
| Any other ethnic group | | | | | | | |  | |
| Prefer not to say | | | | | | | |  | |
| **Gender** *(please tick)* | | | | | | | | | | | | |
| **Male** |  | **Female** | |  | **Transgender** |  | | **Prefer not to say** | | | |  |

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| **Learner Induction** *(Please tick the boxes to indicate that these have been explained to you)* | | | |
| Peep Progression Pathway overview |  | Appeals Procedure |  |
| Types of evidence used in assessment (Keepsake book) |  | Complaints Procedure |  |
| Support and guidance |  | Malpractice Procedure (Plagiarism) |  |
| Data Protection Policy |  | Health & Safety Policy |  |
| Confidentiality |  | Equal Opportunities Policy |  |
| * I confirm that I have completed the Peep Progression Pathway induction and that the policies and procedures in the checklist above have been explained to me along with the support available. * I confirm that I have access to these documents and have read and understood my personal responsibilities in respect of these policies and procedures. | | | |

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| **Data sharing consent** *(Please complete the Delivery Centre name and tick the boxes to confirm you have read and agree with the statements below)* |
| By signing this form I give consent for <<name of Delivery Centre>> to:   * Keep the personal details on this Learner Registration form and share with Peeple for data entry and registration purposes. I understand that any sharing of this information is strictly limited to that necessary to enable my participation in the Peep Progression Pathway and must comply with the terms of the Data Protection Act (1988). * receive and open any certificates relating to my Peep learning programme that will be delivered to their address. I understand that my certification will *not* be sent to my home address, but will be passed on to me by the Delivery Centre named above.   I confirm that the details I have provided on this form are accurate to the best of my knowledge.  **Learner Signature Date** |

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| **To be completed by Delivery Centre Staff** |
| **Confirmation of induction process** *(please tick box)*   * I confirm that the induction process has been completed with the Learner named above. |
| **Developmental units** *(See* ***Peep Practitioner/Assessor Pack – Choosing a Unit*** *for restrictions on progression routes)*  *If the course is a Developmental unit, please tick the box to confirm the statement below.*   * I confirm that the learner has not previously completed the Early Child Development unit, nor are they progressing to the Early Child Development unit having completed the Development of Babies, Development of Toddlers or Development of Pre-schoolers units. |
| ***Assessor* *Signature* *Date***  ***Assessor Name (please print)*** |
| ***For Peeple use only***  ***Date received \_\_\_\_\_\_\_\_\_\_\_ Data input date \_\_\_\_\_\_\_\_\_\_\_ Date scanned \_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_\_\_\_\_*** |

***Note: IQA to submit to the Peeple Qualifications Coordinator and the end of each course.***