

INDIVIDUAL BENEFICIARY REGISTRATION FORM (EMPLOYED / SELF EMPLOYED)



Title: Mr/Mrs/Ms/Miss	Gender: Male/Female	Date of Birth: / /	Age:
First Name(s):		Surname:	
Address:			
County:		Postcode:	
Home Telephone No:		Work Telephone No:	
E-mail:			

Employer's Name (Company Name):

Address:

County:	Postcode:
Telephone No:	Fax No:

Please tick employment status: Employed Full Time Part time (Please complete Part A)

Threatened with redundancy In Education Unemployed Length of time unemployed _____

Self-Employed (Please complete Part B)

Obtaining benefits from European Social funded projects is dependent on "match funding" and the value of your time spent taking part in this project forms part of this match funding. We would therefore be grateful if you could indicate your hourly rate so that we can put a value on your time. If an hourly rate is not applicable (e.g. you are paid a salary) please calculate your hourly rate using the following formula:-

Total wages/salary + contributions towards pension/National Insurance (i.e. total cost of employment or gross pay including NI & pension less tax)
 Contracted hours worked (if not known assume 37 hour week for 48 weeks per annum)

Payroll evidence to support this hourly rate is needed. If you are unable to provide this, the full commercial cost of training may apply. Please note that this information is held in the strictest confidence and is not used for any other purpose.

***COMPULSORY FOR REGISTRATION PURPOSES* PART A**

If you are **EMPLOYED** please confirm your hourly rate (see notes to left for guidance)

£

I hereby enclose a copy of my latest pay slip/roll (Please tick box)

***COMPULSORY FOR REGISTRATION PURPOSES* PART B**

If you are **SELF EMPLOYED** please confirm your hourly rate based on a 40-hour week using your last tax return or use a notional rate of £10 per hour. In both instances please provide your tax office and reference number details:

Hourly Rate Tax Office Reference Number

DATA PROTECTION ACT 1998: This information is being collected for the purpose of grant and loan administration in connection with ESF Objective 3, which aims to promote the development of tourism businesses and their employees. The information you provide may be disclosed within the partnership and to the Department for Education and Employment, Government Office for the South West and the South West of England Regional Development Agency.

Ethnic background: (please tick one box)									
White		Mixed		Asian or Asian British		Black or Black British		Other	
British		White & Black Caribbean		Indian		Caribbean		Chinese	
Irish		White & Black African		Pakistani		African		Other	
Other		White & Asian		Bangladeshi		Other		Not known	
		Other		Other				Prefer not to say	

Do you have a disability or learning difficulties? Yes No Prefer not to say
 If yes, please give details:

What is your current highest qualification? (please tick)

No qualifications		Qualifications below NVQ 1	
NVQ 1 or equivalent e.g. GNVQ levels 1/2, GCSE grade D & below, City & Guilds part 1, RSA 1, BTEC first or general certificate		NVQ 2 or equivalent e.g. GNVQ level 3, GCSE grade A-C, City & Guilds craft, BTEC first or general diploma, 1 A' level	
NVQ 3 or equivalent e.g. HND, 2 or more A' levels, BTEC National Certificate, 3 Scottish Highers		NVQ 4 or equivalent HND, HNC, 3 or more A' levels, BTEC Higher Certificate, Degree	
NVQ 5 or equivalent e.g. Master's degree, PhD, PGCE, SRN		Other	

TRAINING COURSE DETAILS

Course Title	Venue	Start Date	End Date	Duration	Cost

Please state any access or dietary requirements:

I hereby confirm that all the details given on this form are true to the best of my knowledge.

Signed Print Name

Position Date



Please return this completed form to: Project Administrator, Enterprise South Devon, Teignbridge Business Centre, Cavalier Road, Heathfield, Newton Abbot TQ12 6TZ

This program is funded in part by the European Social Fund.

For completion by Project Personnel:	ESF beneficiary eligibility criteria confirmed	YES / NO
Signed	Print Name	
Position	Date	