

PERSONAL INFORMATION & ELIGIBILITY

Forename			Surname			Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Address					Date of birth			
Landline			Mobile					
Ethnicity	Resided? <input type="checkbox"/>		Nationality (Passport/s)			Resided? <input type="checkbox"/>		
Other countries of residence / work (not UK)	None <input type="checkbox"/>		Time in EEA (not UK)			From birth <input type="checkbox"/>		
Time in UK			Immigration Status (UK)					
Personal Income (Tick ALL that apply)	Employment Income below £338 per month	<input type="checkbox"/>	Employment Income below £16,009.50 per year, pre-tax	<input type="checkbox"/>	NI No.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Working Tax Credit	<input type="checkbox"/>	Income Support	<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>		
	Job Seeker's Allowance	<input type="checkbox"/>	NASS	<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>		
	Emp. Support Allowance	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	Housing benefit	<input type="checkbox"/>		
	Council Tax	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>	Maternity Allowance	<input type="checkbox"/>		
	Child Tax Credit	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	Other income-based benefits	<input type="checkbox"/>		
Household income	Less than £541 per month, pre-tax?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Languages (Tick if literate in stated languages)	First	<input type="checkbox"/>	Not literate in any language		<input type="checkbox"/>			
	Other/s	<input type="checkbox"/>			<input type="checkbox"/>			
Schooling	Did not understand	<input type="checkbox"/>	Sec. school incomplete	<input type="checkbox"/>	Degree incomplete <input type="checkbox"/>			
	No schooling	<input type="checkbox"/>	Secondary school completed	<input type="checkbox"/>	Degree completed <input type="checkbox"/>			
	Primary school incomplete	<input type="checkbox"/>	College / vocational training	<input type="checkbox"/>	Post graduate completed <input type="checkbox"/>			
	Primary school completed	<input type="checkbox"/>	Post-secondary course title:					
Previous ESOL	No <input type="checkbox"/>	Barriers to joining:						
	Yes <input type="checkbox"/>	Year	Venue	Level	Modes passed R / W / S&L / Full	Barriers to continuing/progressing		
Highest ESOL qualification								
Waiting List?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Where?						
Current employment	No <input type="checkbox"/>	Retired <input type="checkbox"/>	Homework <input type="checkbox"/>	Carer <input type="checkbox"/>	Volunteering <input type="checkbox"/>	Looking for work <input type="checkbox"/>		
		Not looking <input type="checkbox"/>	Why not looking?:					
	Yes <input type="checkbox"/>	Casual work <input type="checkbox"/>	Part time <input type="checkbox"/>	Full time <input type="checkbox"/>	Job title:			
Previous employment	Non-UK	None <input type="checkbox"/>		Did not understand <input type="checkbox"/>				
	UK	None <input type="checkbox"/>		Did not understand <input type="checkbox"/>				
Referred from			Did not understand <input type="checkbox"/>					

ESOL ADVICE SERVICE: Initial Assessment Form 2019-20

LEARNER'S INTERESTS & NEEDS

Reasons for learning English (First reason = 1. Tick other reasons.)	Did not understand <input type="checkbox"/>	Deal with everyday life <input type="checkbox"/>	Become independent <input type="checkbox"/>
	Improve reading & writing <input type="checkbox"/>	Help my children/at school <input type="checkbox"/>	Make friends/socialise <input type="checkbox"/>
	Go on to further study <input type="checkbox"/>	IELTS <input type="checkbox"/>	Jobcentre requirement <input type="checkbox"/>
	Get a job <input type="checkbox"/>	Get a better job <input type="checkbox"/>	Communicate at work <input type="checkbox"/>
	Other / Long term goals:		

Embedded/ Other Learning	Childcare <input type="checkbox"/>	Teaching assistance <input type="checkbox"/>	Social Care <input type="checkbox"/>
	Customer Service <input type="checkbox"/>	Catering <input type="checkbox"/>	Hair and Beauty <input type="checkbox"/>
	ICT <input type="checkbox"/>	Functional Maths <input type="checkbox"/>	ESOL for Bus/Cab drivers <input type="checkbox"/>
	IAG <input type="checkbox"/>	Employment support <input type="checkbox"/>	Volunteering <input type="checkbox"/>
	Construction <input type="checkbox"/>	My employer <input type="checkbox"/>	Other:..... <input type="checkbox"/>

STUDENT CONSENT

Student consents to relevant personal data being shared with organisations offering discrete options selected. If no, provide referral handout, if any.

Student signature _____

Hobbies _____ Did not understand

Children	No children <input type="checkbox"/>	0 - 4 years <input type="checkbox"/>	5 - 10 years <input type="checkbox"/>	11 - 18 years <input type="checkbox"/>
Parent	<input type="checkbox"/>			

Child's school / nursery / playgroup	Children abroad <input type="checkbox"/>
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Class preferences (IF STATED)	No Friday (religious reasons) <input type="checkbox"/>	Single sex class <input type="checkbox"/>	Frequency per week	1 session <input type="checkbox"/>	2 sessions <input type="checkbox"/>	More <input type="checkbox"/>
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Learner AVAILABLE	Morning (9:30 - 11:30am)	Afternoon (1 - 3pm)	Late afternoon (4 - 6pm)	Evening (6 - 8pm)	Saturday	Sunday
Creche NEEDED						

Creche DoB	A	B	Availability
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LDD / health / mental needs	Teacher to confirm with learner <input type="checkbox"/>	None <input type="checkbox"/>	Did not understand <input type="checkbox"/>
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Ability to travel	Did not understand <input type="checkbox"/>	Walking distance only <input type="checkbox"/>	Why?
	One bus only <input type="checkbox"/>	Anywhere in (borough) <input type="checkbox"/>	Anywhere in London <input type="checkbox"/>

Can learner afford to pay?	No, FREE courses only <input type="checkbox"/>	Yes <input type="checkbox"/>	Did not understand <input type="checkbox"/>
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Level (include A or B)	Speaking	Listening	Reading	Writing	Notes
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Learner type (Tick ONE only)	ESOL <input type="checkbox"/>	FLUENT Literacy <input type="checkbox"/>	IAG <input type="checkbox"/>	Signposting
				Course Offered

Waiting list Level	January entry (Term 2) <input type="checkbox"/>	April entry (Term 3) <input type="checkbox"/>
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Waiting List Sept.	September <input type="checkbox"/>
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Course placement	Centre / organisation	Tutor
	Level	Date placed

STUDENT CONSENT

The ESOL Advice Service works with lots of organisations to help you to find an ESOL class. This means your personal information will be stored and shared. We may also use your information and contact you for research purposes. If you do not want us to do this, please contact us and we will remove your details from our list. Further information is available in your placement/waiting list letter.

Student Signature _____

Advisor's name _____ Date _____ Venue _____