



Core Values UK



Cohort

Office Use Only ULN:

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First Name (s): _____ Surname: _____

Surname at Birth: _____

Date of Birth: _____ Age: _____ Title: Mr/Mrs/Miss/Ms/_____

Address: _____

Post Code: _____ Time at Address: _____ Years

Tel No: _____ Mobile No: _____

Email Address: _____

National Insurance Number: _____ Ethnicity? _____

If you are unemployed, when did you become unemployed _____

What benefits do you receive? _____

If you are employed, please state the name of your employer and your start date:-

Disabilities: Do you have a disability? Yes / No Learning Difficulty? Yes / No
Do you suffer from any mental health issues? Yes / No

I hereby confirm that this information is true and accurate. Yes/No

Here at Go4it we take your privacy seriously and will only use your personal information to provide you with the training you have requested from us. In doing so, it may be necessary to share specific information with our Funding Partners and the Awarding Bodies. If you consent to us passing on your details for this purpose, please tick to confirm: **I agree**

From time to time, we may also like to contact you with details of other training opportunities. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you: **Phone** , **Text** , **Email** , **Post**

Signature: _____

Date: _____

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PH/10/02/2020

Individual Learning Plan

Current Requirements and Aspirations:-

Planned Learning as a result of IAG:-

Progression Information:-

Upon Completion of Learning

After 6 weeks

After 13 weeks

CLIENT SHEET