

**Annex P**

Participant exit form (London only)

**For participants and project staff to complete**

**This form is to be completed by the participant together with a project officer.**

Part one: Summary

This is completed by project staff once the participant’s eligibility has been confirmed.

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| **Organisation:** |       |

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| --- | --- |
| **Participant name:** |       |

|  |  |
| --- | --- |
| **National Insurance number:** |       |

|  |  |
| --- | --- |
| **Customer reference number:** |       |

|  |  |
| --- | --- |
| **Exit date from the project:**Date of the participant’s last activity on the project |       |

Part two: Participant status on exit from the project

**This information needs to reflect the participant’s status within four weeks of the exit date (last recorded activity on the project)**

**Your current employment situation, tick one box**

[ ]  I am economically inactive (not in employment and not seeking work)

[ ]  I am unemployed and searching for a job (including long-term unemployed)

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 Please tell us the number of consecutive **months** you have been unemployed

[ ]  Employed (including self-employed)

**Are you engaged in education or training? Yes** [ ]  **No** [ ]

**NOTE: Although not required on this form, the lead organisation must have a mechanism in place to record the period of sustained employment achieved by the participant (set at 26 out of 32 weeks after entering employment) and the continued support offered during that time (six months) as evidence of meeting the sustained employment project result.**

**Please briefly tell us more about what you are currently doing, complete all applicable boxes**

Part three: Education or training

If you are or are moving into education or training, please tell us more about this below including which college, university or learning provider you have registered with, what course or training you are undertaking, when you enrolled, what date you start and how long your course or training will last.

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Part four: Employment or self-employment

If you’ve moved into **employmen**t or **self-employment**, please tell us who you are working or going to work for, what job you will be doing and when you will be starting. If you are self-employed please tell us what you are doing.

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Part five: Job-search

If you are job-searching, please tell us what job search activity your have undertaken, what jobs you have applied for details of any job clubs or similar provision you have attended.

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Part six: Satisfaction **(Projects should collect and collate these findings over time as they are needed for GLA Employment Performance Rating)**

**1.** **What do you think of the trainer or advisor you have been working with?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very good | Good | Not good or bad | Bad | Very bad |
| Knowledge of the subject or activity. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding of your needs. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Support in setting targets to help you achieve your goals. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Help with finding other support for you. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Support with helping you to plan your next steps. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**2. How has this activity made a difference to you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Improved a lot | Improved a little | Not changed | Got worse | Got much worse |
| My confidence has… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My skills have… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My prospects of getting a job have… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My knowledge of the options available to me has… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My motivation to make the next steps has… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My ability to manage my time and responsibilities has… | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**3. Overall how satisfied or dissatisfied were you with the activity?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Part seven: Data protection and privacy notice

This privacy notice explains who the Data Controller is for the personal data which is collected through the Building Better Opportunities Programme and how you are able to find out how and why the Data Controller uses this data.

**Who is the Data Controller for the Building Better Opportunities Programme?**

The Data Controller for the Building Better Opportunities Programme is the Department of Works and Pensions.

For more information about how and why the Data Controller uses your personal data or to exercise your data protection rights please see [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter) or contact the Department of Works and Pensions using the contact details below.

**Contact Details**

If you have any questions, queries or complaints, and to exercise your personal data rights, please in the first instance contact the Data Protection Officer at the Department of Works and Pensions rightofaccess.requests@dwp.gsi.gov.uk .

You can contact the Information Commissioner’s Office on 0303 123 1113 or via email <https://ico.org.uk/global/contact-us/email> or at the Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Please review and sign the participant and project officer declarations in section eight and nine

Part eight: Participant declaration

Tick **each** box to confirm:

|  |  |
| --- | --- |
| [ ]  | I acknowledge that the support I have received was funded by the European Social Fund and The National Lottery Community Fund. |
| [ ]  | The information provided in this form is true and accurate |

|  |  |
| --- | --- |
| **Name:**       | **Signature:**        |
| **Date:**       |

Part nine: Project officer declaration

Tick **each** box to confirm:

|  |  |
| --- | --- |
| [ ]  | The participant has been told that the support they have received was funded by the European Social Fund and The National Lottery Community Fund. |
| [ ]  | The information provided in the form is, to the best of my knowledge, true and accurate. |

|  |  |
| --- | --- |
|  **Name:**       | **Signature:**       |
| **Job title:**       |
| **Organisation:**       | **Date:**       |