

## Participant Data Form 2

**Instructions for participant:** please complete all pages of this form and make sure you have signed the declaration in the 'Participant Declaration' box.

Participant information	
First name(s)	
Surname	

**Section 3 is to be completed for EVERY session you attend (additional sheets are available)**

Section 3: please complete the table below for each session you attend			
Date	Time of session i.e. 9am – 4pm	Type of session	How many people are involved in the session? (excluding trainer)
	Face to face <input type="checkbox"/> Online <input type="checkbox"/> Other:  <i>If marked other, please detail above</i>		
	Face to face <input type="checkbox"/> Online <input type="checkbox"/> Other:		
	Face to face <input type="checkbox"/> Online <input type="checkbox"/> Other:		
	Face to face <input type="checkbox"/> Online <input type="checkbox"/> Other:		
Hours Summary Using the completed table above, please add up the number of hours and fill in the total below			
Total hours			

**Section 4 is to only be completed at the END of the project / on your last session**

<b>Section 4: Participant progress – what are you doing now?</b>				
<b>What are you doing following the support you have received from this project?</b>	In education or training <input type="checkbox"/> Newly engaged in job searching <input type="checkbox"/> In employment including self-employment <input type="checkbox"/> Newly engaged in life skills support/volunteering <input type="checkbox"/> Newly in receipt of job seeking benefits or preparing or planning for work benefits <input type="checkbox"/> Other:			
<b>If you answered that you are ‘in education or training’, please indicate what level</b>	Entry level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 including GCSE <input type="checkbox"/> Level 3 including A level, T Level and BTEC <input type="checkbox"/> Level 4 including higher apprenticeship <input type="checkbox"/> Level 5 including Foundation degree <input type="checkbox"/> Level 6 including Honours degree <input type="checkbox"/> Level 7 including Postgraduate certificate <input type="checkbox"/> Level 8 including PhD <input type="checkbox"/>			
<b>If you answered that you are ‘in employment’, please detail your job title and sector</b>	Job title:  Sector:			
<b>Did you find the project helpful overall?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
<b>Did you find the project helped you with the following? (please mark ‘X’ where appropriate):</b>	<b>Did you find the project helped you with:</b>	<b>Yes</b>	<b>No</b>	<b>Don’t know</b>
	Learning new skills			
	Starting new training			
	Applying for jobs			
	Starting a new job			
	Building your confidence			
	Planning your future			

**Was the project different to other support or training you have received?**

- Yes:**   
**No:**   
**Don't know:**

If you answered **'yes'**, please detail how this project is different.

### Participant Declaration

I confirm that, to the best of my knowledge, the information above is correct and given in good faith.

Please find details of the Innovation for Youth & Community Privacy Notice at the end of this form. This details how we will collect and use the information we collect.

Participant signature

Date

Project staff signature

Please print staff name

Date

**For Office Use Only (NOT TO BE COMPLETED BY PARTICIPANT)**

**Strand:**

**Partner/Grant recipient:**