

## PARTICIPANT ENROLMENT FORM

### Section 1 Partner Details

PARTNER ORGANISATION	
ASSIGNED MENTOR	

### Section 2 Participant Details

#### For Completion by the Mentor & Participant

UNIQUE PARTICIPANT NUMBER*	
EMAIL ADDRESS	
COUNTRY OF RESIDENCE	
AGE AT TIME OF ENROLMENT	
GENDER	

LENGTH OF TIME NOT IN EDUCATION, TRAINING OR EMPLOYMENT (please tick)	Less than 6 months	
	Between 6 & 12 months	
	More than 12 months	

QUALIFICATIONS AT ENTRY ***	What is the highest Qualification achieved? <i>If no qualification, please state none.</i>

DESCRIPTION OF ETHNIC BACKGROUND	Migrant	
----------------------------------	---------	--

(Please Circle best fit)	Minority Group	
	Foreign Background	
	None of the above	

CONSIDERED TO HAVE A DISABILITY ** (Please Circle)	Yes	No
--	-----	----

HOUSEHOLD SITUATION (Please tick the best option to describe participant's current household situation)	Homeless	
	Single Adult Household with dependent children	
	From Jobless Household	
	Other	

## Section 3 Certification

MENTOR SIGNATURE:	
DATE:	

### Notes

\* Name, Address and telephone number of participants will not be shared with the Project. This information to be retained by Partner organisation and linked to Unique Participant Number

\*\* A physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day to day activities.

\*\*\* Each partner country to classify according to own Education System.