

# ULN (Unique Learner Number) Registration Form



Please complete form in block letters

please photocopy as necessary

**Please note that all fields are mandatory – failure to complete all fields will delay qualification registration.**

All information supplied must match data submitted on the Verification Identity Documentation. Initials, abbreviations or nicknames are not accepted.

Given First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Given Name \_\_\_\_\_

Family Name \_\_\_\_\_ Previous Family Name \_\_\_\_\_

Family Name at age 16 \_\_\_\_\_

School at Age 16 \_\_\_\_\_

Optional

Do you already have a ULN?

Enter your 10-digit number here:

--	--	--	--	--	--	--	--	--	--

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ N.I. No. \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Home telephone number or Mobile. No. \_\_\_\_\_

For ARC to obtain a ULN on your behalf, it is critical that the learner provides proof of identity prior to registration. ARC submits this information to the Learner Registration Service and a ULN is generated, this number will be submitted to the learner in due course. For further information on ULN's, please visit our website: [arcuk.org.uk](http://arcuk.org.uk)

Verification Identity – **please provide two copies of relevant documents which need to be attached to this form:**

>Driving Licence

>Passport

(If these documents are not available please contact us)

Privacy Notice: The information you supply will be used by ARC and the Chief Executive of Skills Funding to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record. Further details of how your information is processed and shared should be viewed on the ARC website.

By signing this form, you are confirming that you have seen and read the Privacy Notice and, stating below, your wishes on data sharing. You need to understand the reasons why data sharing is relevant to your ULN Registration and lifelong learning record. Data Share  Yes  No

Learner Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Workplace Manager Name \_\_\_\_\_ Signature \_\_\_\_\_

\* Managers, please note: By signing this form you are confirming that you are validating the identity of this learner from the documentation submitted with this form.