

# Wales Union Learning Fund (WULF)

## Learner Form



Llywodraeth Cymru  
Welsh Government

[www.cymru.gov.uk](http://www.cymru.gov.uk)

### SECTION 1 – Personal Details

Have you completed this form before in this financial year?

NB: This is to establish if you are a new learner to this project. If you are unsure, please check with your union contact.

First Name

Surname

Email Address

Contact  
Telephone  
Number

Home Postcode

Are you under 25 years of age?

Date of course / event

Name of course / event

Union that supported learning

Has / Will this course;

a) raise the level of your previous qualification

b) progress you within your career

<b>Are you?</b>				
<b>Male</b>	<b>Female</b>	<b>Non-Binary</b>	<b>Transgender</b>	<b>Prefer Not to Say</b>

By receiving support through this project/programme you acknowledge that your information will be used in the ways set out above.  
(Electronic signatures are acceptable.)

Signed: -----      -----      Date: -----

The Welsh Government seeks to encourage respondents to provide information that may help enhance the diversity and inclusion of all participants on the WULF programme. We would therefore like to encourage respondents to provide as much information as they can to encourage diversity within this programme.

## **SECTION 2 – Equal Opportunities Form (Optional)**

Do you have any physical, sensory, learning, or mental health impairments that have lasted, or are expected to last, 12 months or more?

**Do you consider yourself to have a disability?**

*Please tick one box only*

**Yes**

**No**

**Prefer not to say**

**What is your ethnic group?**

### **A: White**

- |   |                          |   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Welsh / English / Scottish / Northern Irish / Irish / British |
| 2 | <input type="checkbox"/> | Irish   |
| 3 | <input type="checkbox"/> | Roma  |
| 4 | <input type="checkbox"/> | Gypsy or Irish Traveller                                      |
| 5 | <input type="checkbox"/> | Any other White background, write in below                    |

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### **B: Mixed / Multiple ethnic groups**

- |   |                          |                           |
|---|--------------------------|---------------------------|
| 6 | <input type="checkbox"/> | White and Black Caribbean |
|---|--------------------------|---------------------------|

### **C: Asian / Asian British Welsh / English / Scottish / Northern Irish / Irish**

- |    |                          |  |
|----|--------------------------|--|
| 10 | <input type="checkbox"/> | Indian                                     |
| 11 | <input type="checkbox"/> | Pakistani                                  |
|    | <input type="checkbox"/> |  |
| 12 | <input type="checkbox"/> | Bangladeshi                                |
| 13 | <input type="checkbox"/> | Chinese                                    |
| 14 | <input type="checkbox"/> | Any other Asian background, write in below |

### **D: Black / African / Caribbean / Black British Welsh / English / Scottish / Northern Irish / Irish**

- |    |                          |         |
|----|--------------------------|---------|
| 15 | <input type="checkbox"/> | African |
|----|--------------------------|---------|

- 7 ☐ White and Black African
- 8 ☐ White and Asian
- 9 ☐ Any other Mixed/Multiple ethnic background, write in below
- 

- 16 ☐ Caribbean
- 17 ☐ Any other Black/African/ Caribbean background, write in below
- 

**E: Other ethnic group**

- 18 ☐ Arab
- 19 ☐ Any other ethnic group, write in below
- 

**F: Prefer not to say**

- 20 ☐ Prefer not to say