



**Study Programme Learner Destination & Progression**  
**Provider to complete at the end of the course**

Learner Details			
First Name		Surname	
Training Provider		Course Code	
Start Date		Date Left	

Learner Destination	Tick	Code	Start Date	End Date (if applicable)
Traineeship		EDU1		
Apprenticeship		EDU2		
Supported Internship		EDU3		
Other FE* (Full-time)		EDU4		
Other FE* (Part-time) (include Community Learning provision.)		EDU5		
HE		EDU6		
In paid employment for 16 hours or more per week		EMP1		
In paid employment for less than 16 hours per week		EMP2		
Self-employed for 16 hours or more per week		EMP4		
Self-employed for less than 16 hours per week		EMP5		
Not in paid employment, looking for work and available to start work		NPE1		
Not in paid employment, not looking for work and/or not available to start work (including retired)		NPE2		
Gap year before starting HE		GAP1		
Voluntary work		VOL1		
Supported Independent Living		SDE1		
Independent Living		SDE2		
Learner returning home		SDE3		
Long term residential care		SDE4		
Other outcome – not listed please state:		OTH1		
Unable to contact Learner		OTH3		

If progression is to an apprenticeship, employment or education/training please give details:			
Employer/Provider Name		Start Date	
Employer/Provider Contact Name		Job Title	
Employer/Provider Contact Number			
Provider Signature		Date	