



Learner Amendment Form

Please complete all relevant fields and return amendments immediately on day of known changes.

Provision Details			
Provider Name		Course Code	
Course Title			
Venue		Schedule Number	
Tutor Name		Start Date	
Day (s) of week		Start Time	

Learner Details			
First Name		Surname	
Start Date			

Learner to Withdraw (For accredited provision, if an unemployed learner in receipt of benefits leaves a course early to undertake employment please ensure you complete document 20026)			
Date of Last Session		Reason	

Changes to Personal Details			
Surname		Address	
Contact No.		Post Code	

Learner Taking a Planned Break in Learning	
Date of Last Session	
Reason	

Learner to Transfer			
Current Course Code		Date of Last Session	
Current Title		Current Venue	
New Course Code		Date of First Session	
New Title		New Venue	

Learner Achievement			
Did the Learner Achieve?	Yes / No	Date of Last Exam	
Destination Code			

Tutor Declaration – please sign to confirm information is correct			
Signature		Date	