# Study Programme Provider Submission Form

**Please complete and return to South Tyneside Works with all paperwork submissions**

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| **Provision Details** |
| **Learner Name** |   | **Provider Name** |   |
| **Schedule Number** |   | **Course Code** |   |
| **Tutor Name** |   | **Start Date** |   |

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| --- | --- | --- | --- |
| Document Reference | Description | Included | Date Submitted |
| 22068 | Referral Form |[ ]    |
| N/A | Initial Assessment Results |[ ]    |
| N/A | Proof of Prior Qualifications |[ ]    |
| 22071  | Enrolment  |[ ]    |
| 22081 | Traineeship ILR- Programme Aims |[ ]    |
| 22004a | Personal Learning Plan- Part 1 |[ ]    |
| 22004b | Personal Learning Plan- Part 2 |[ ]    |
| 22004c | Personal Learning Plan- Part 3 |[ ]    |
| 22073 | Work Placement Induction Checklist |[ ]    |
| 22074 | Work Placement Employer Agreement  |[ ]    |
| 22029 | Employer Health & Safety Declaration |[ ]    |
| N/A | Awarding Body Registration |[ ]    |
| N/A | Study Programme Certificates |[ ]    |
| N/A | Evidence of Core Aim Achievement |[ ]    |
| Other | Please state  |[ ]    |

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| **Declaration –** I certify that the above information is accurate and has been fully compliance checked prior to submission. | [ ] tick to confirm |
| **Name** |   |
| **Position** |   | **Date Submitted** |   |