# 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** |  | |