**Adult Education Budget Course Code Request**

This form must be completed and submitted along with supporting documents at least **14** days prior to the course start date.

All boxes must be **fully** completed on the first page otherwise the form will be returned as incomplete. You will be notified with a code when the course has been approved, this code should be used on all paperwork relating to the course.

**Delivery of your course without notification will be entirely at your own risk.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Details** | | | | | |
| **Provider Name** |  | | **Date submitted** | |  |
| **Learning Aim Title** |  | | **Schedule No.** | |  |
| **LARS Qual/Aim Codes or Z Code** |  | | | | |
| **Course Title** |  | | | | |
| **Delivery Method** | Tutor Led Classroom | | Tutor Led Online | | Combination |
| **Target Audience** |  | | | | |
| **Intended Destination (Learner majority)** | Employment Related | | | Educational Related | |
| **Venue** |  | | **Venue Post Code** | |  |
| **If any element of delivery is face to face (classroom) you must enter the venue postcode. If no element of delivery is face to face, (classroom) postcode used is: ZZ99 9ZZ** | | | | | |
| **Timetable Details** | | | | | |
| **Start Date** |  | | **End Date** | |  |
| **Planned GLH** |  | | **Minimum Ofqual GLH** | |  |
| **Days the course is being delivered**  **Please state time (HH/MM)** | Mon | | **Start Time** | | **End Time** |
| Tue | | **Start Time** | | **End Time** |
| Weds | | **Start Time** | | **End Time** |
| Thurs | | **Start Time** | | **End Time** |
| Fri | | **Start Time** | | **End Time** |
| Sat | | **Start Time** | | **End Time** |
| Sun | | **Start Time** | | **End Time** |
| **Please use this box to list any dates when sessions will NOT be running (DD/MM/YY):**    **If delivery is a mix of classroom and online, please identify which dates are online (DD/MM/YY):** | | | | | |
| **Tutor Details** | | | | | |
| **Tutor First Name** | |  | **Tutor Last Name** | |  |
| **Classroom Support Name** | |  | **All supporting documents submitted?** | | **Yes  No** |

**If any of the course details change, it is essential that South Tyneside Works are informed via a Course Amendment Form. If it is an unexpected change e.g. tutor sickness the office must be phoned immediately as well as submitting the form.**