**Learner Amendment Form**

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

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

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| **Learner Details** |
| First Name |   | Surname |   |

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| **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 22006). **Please submit a completed register/ timesheet if withdrawal is not on the first day.** |
| 2- Transfer to another provider | 3- Injury or illness | 29- Redundancy | 40- Transfer to another aim |
| 43- Financial Reasons | 97- Other | 98- Unknown |  |
| Date of Last Session |   | Code |  |
| Explanation (if 97- other selected) |   |

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| **Changes to Personal Details** |
| Surname |   | Address |   |
| Contact No. |   | Post Code |   |

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| **Provider Declaration**I can confirm that the details within this form are accurate  | [ ] tick to confirm |
| Provider |   | Date |   |