**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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |