

Course Details

Please refer to the accompanying guidance sheet for more guidance on how tutors are to complete this form.

Provider Name:

Project Code:

For this year, it will begin with an 'X'.

Course Title:

Please ensure that we can tell what the subject is from the course title.

Learning Aim Ref:

Ignore for non-regulated or Community Learning aims. Just include the alphanumeric code; no slashes.

Level of Learning	<input checked="" type="checkbox"/>
Entry Level 1	<input type="checkbox"/>
Entry Level 2	<input type="checkbox"/>
Entry Level 3	<input type="checkbox"/>
Level 1	<input type="checkbox"/>
Level 2	<input type="checkbox"/>

Course Start Date:

Course End Date:

Achievement Date:

Venue Name:

Venue Postcode:

Tutor Name:

Tutor Tel No:

Total Sessions:

GLH:

The hours you intend to deliver the course in

Course Classification

Please specify what type of course or qualification you are providing (tick only one):

If it's a Regulated qualification, please select if any of the below apply:

Regulated →

Non-regulated

Community learning

If Regulated, what type of course is it?	
An Industry-specific or vocational course	<input type="checkbox"/>
Maths & English Legal Entitlement	<input type="checkbox"/>
Neither of the above	<input type="checkbox"/>



Course Attendees and their Funding Levels

Learner First & Last Name	DOB	Fully Funded	Fully Funded – Low Wage Trial	Co-Funded

I confirm that I will be teaching this course with these learners. I have checked that these learners are eligible for funding for this course and I have informed the ICP team if any of the learners have completed any part of this course or qualification previously. I also confirm that I have seen evidence* to show learners on the Low Wage Trial earn less than £16,009.50 (annual gross salary).

*Evidence could be wage slips or contract of employment stating gross annual salary.

Tutor Signature:

Date:

