

Learner Details (to be completed by the tutor, one form per learner).

Forename:	<input type="text"/>	Surname:	<input type="text"/>
Course Title:	<input type="text"/>		
Provider:	<input type="text"/>	Course Start Date:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y

Achievement Status (complete this section for completed learners)

The learner:	✓	Please specify outcome date for selected option:
Achieved	<input type="checkbox"/>	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Did not Achieve	<input type="checkbox"/>	
Is awaiting exam result	<input type="checkbox"/>	

If the learner has achieved a regulated aim, please submit a copy of the certificate as evidence along with this form or as soon as is possible.

Outcome Achievement (for Non-regulated and Community Learning Courses only)

Number of course goals set:	<input type="text"/>	[COURSE GOALS]	Number of course goals met:	<input type="text"/>
Number of personal goals set:	<input type="text"/>	[PERSONAL GOALS]	Number of personal goals met:	<input type="text"/>

Learner Attendance (hours)

Scheduled hrs for Learner:	<input type="text"/>	Actual hrs attended:	<input type="text"/>	Authorised absence(s) (hrs):	<input type="text"/>
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Learner Withdrawal Reason (complete this section for withdrawn learners)

Transferred to a...	<input type="checkbox"/>	new learning aim at same Provider:	<input type="checkbox"/>	or, new Provider:	<input type="checkbox"/>
Financial reasons:	<input type="checkbox"/>	Injury/illness:	<input type="checkbox"/>	Other personal:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Employment outcome*:	<input type="checkbox"/>	Not known:	<input type="checkbox"/>
Agreed break in learning:	<input type="checkbox"/>	→ Please state reason for break:			
Learner agrees to return and continue:	<input type="checkbox"/>	→ Learner Signature:			

*For Employment Outcomes please fill out an **Employment Outcome form** and submit it with this form to the data team.

Intended Destination (learner is moving into/towards...)

Employment	<input type="checkbox"/>	FULL TIME:	<input type="checkbox"/>	PART TIME:	<input type="checkbox"/>
Further Learning	<input type="checkbox"/>	FULL TIME:	<input type="checkbox"/>	PART TIME:	<input type="checkbox"/>
Community Engagement/Volunteering:	<input type="checkbox"/>	Other (please state):			

Tutor Signature:	<input type="text"/>	Date:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
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