|  |  |
| --- | --- |
|  | **C:\Users\Browningl1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\G3ZCOYPD\ESF (2).JPG** |

**This form is available in Welsh.**

**PROVIDER APPLICATION FOR AN EXCEPTIONAL TRAINING ALLOWANCE (APPRENTICES ONLY)**

**Learner’s details**

|  |  |
| --- | --- |
| 1. Learner surname (LN04) |  |

|  |  |
| --- | --- |
| 1. Learner’s first name(s) (LN05) |  |

|  |  |
| --- | --- |
| 1. Learner’s date of birth (LN15) |  |

|  |  |
| --- | --- |
| 1. Learner’s National Insurance   number (LN13) |  |

|  |  |
| --- | --- |
| 1. Name of learning provider |  |

|  |  |
| --- | --- |
| 1. Address, including postcode, to   which correspondence should be addressed (if different from contract address) |  |

|  |  |
| --- | --- |
| 1. Name of apprenticeship programme   the learner is following |  |

|  |  |
| --- | --- |
| 1. Number of hours learner must attend   per week |  |

|  |  |
| --- | --- |
| 1. Length of course in weeks |  |

|  |  |
| --- | --- |
| 1. Learner identifier (LLWR field LN01 or LN02) |  |

|  |  |
| --- | --- |
| 1. Reason for requesting support |  |

|  |  |  |
| --- | --- | --- |
| 1. Dates when Exceptional Training Allowance is required | Start Date: | End Date: |
|  |  |  |

**LEARNING PROVIDER’S DECLARATION – to be completed by an Authorised Officer at the learning provider**

**I confirm that:**

* **the learner is enrolled on a Welsh Government funded apprenticeship programme;**
* **the learner is/will be in attendance at this establishment for the period shown at part 11 above;**
* **I agree to complete an expenditure return for the Learner Provision Team;**
* **I agree to issue weekly payments to the learner, and that I will keep auditable records of this; and**
* **I will notify the Learner Provision Team promptly if the learner ceases to attend their work based learning programme.**

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |
| --- | --- |
| **Full name:** |  |

|  |  |
| --- | --- |
| **Position held:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

Completed application forms should be sent to the Learner Provision Team, Further Education and Apprenticeships Division, Provision Management Branch, Tŷ’r Afon, Bedwas Road, Bedwas, Caerphilly, CF83 8WT. A copy of this form should also be retained by the learning provider.

FOR OFFICE USE ONLY:

|  |
| --- |
| **I CONFIRM THAT THE ABOVE APPLICATION MEETS THE CRITERIA FOR EXCEPTIONAL TRAINING ALLOWANCE FUNDING.** |

|  |  |
| --- | --- |
| **Signed on Behalf of**  **DfES:** |  |
| **Date:** |  |