**The purpose of this form is to request a new full time programme or an amendment to an existing programme contained within the programmes directory. Please complete one form for each programme change.**

Amend Existing Programme New Programme Request

**Amend existing programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Code** |  | **Delete Programme** |  | **Amend Programme** |  |

|  |
| --- |
| **Comments and rationale for changes** |
|  |

**Propose a new programme**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme name** |  | | |
| **SSA area code** |  | **SSA Area** |  |

|  |
| --- |
| **Outline of purpose and outcomes of programme:** |
|  |

|  |  |
| --- | --- |
| **Main qualifications to be used** | **Guided Contact Hours** |
|  |  |

|  |  |
| --- | --- |
| **Programme requirements : Core** | **Guided Contact Hours** |
|  |  |

|  |  |
| --- | --- |
| **Programme requirements: Community Learner Industry Focus see *Community Learner and Industry Focus Guidance for Content*  note for further details** | **Guided Contact Hours** |
|  |  |

|  |  |
| --- | --- |
| **Programme requirements : Work Related Experience** | **Guided Contact Hours** |
|  |  |

**Learner numbers for new programme**

|  |  |
| --- | --- |
| **Any current learners on programme (in 2017/18)** |  |
| **Estimated learners on programme in 2018/19** |  |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact name** |  | | |
| **Designation** |  | | |
| **Provider** |  | | |
| **email** |  | | |
| **Phone contact** |  | **Date** |  |

|  |  |
| --- | --- |
| **Countersigned by** |  |
| **Name** |  |
| **Date** |  |

***Providers should note that any change requests must be countersigned by the Head of Institution (FE institution) or Director of Education (Local Authorities).***

**Completed form to be emailed to:** [**post16planningandfunding@gov.wales**](mailto:post16planningandfunding@gov.wales)