**London Councils ESF 2014-20 Programme**

**CR02 Into Education/Training Upon Leaving Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Participant and project details** | | | | |
| Provider name | |  | | |
| Project name | |  | | |
| Project ID | |  | | |
| Participant name | |  | | |
| Participant ID | |  | | |
|  | | | | |
| **2. Education/training details** | | | | |
| Start date of course | |  | | |
| Name of Education/Training provider | |  | | |
| Address | |  | | |
| Telephone | |  | | |
| Title of course | |  | | |
| Level of course | |  | | |
| Length of course (weeks) | |  | | |
| Course GLH | | Per week: | | Term: |
| Expected output or result - What will this course help the participant achieve? | |  | | |
|  | | | | |
| 4. **Education/Training provider confirmation** | | | | |
| I confirm that the information above is correct and that the participant has started the course | | | | |
| Signed |  | | **Company Stamp** | |
| Name |  | |
| Job Title |  | |
| Telephone |  | |
| Email |  | |
| Date of signature |  | |

**Notes for Education/Training provider and Partner**

All sections of this form should be completed in full

This template should either be:

1. printed onto the organisations headed paper
2. pasted within an email, from the relevant education/training organisation
3. an organisation stamp added to this template signed and dated by the signatory.