**London Councils ESF 2014-20 Programme**

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

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| **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.