Learner Withdrawal from Qualification Form

This form is to be complete by the Training Provider

|  |
| --- |
| **Learner Details** |
| Name: |  |
| D.O.B: |  |
| Email Address: |  |
| Telephone Number: |  |
| **Employer Details** |
| Company Name: |  |
| Manager Name: |  |
| Manager Email Address: |  |
| Manager Telephone Number: |  |
| Apprenticeship Account ID: |  |

|  |
| --- |
| **Details of Withdrawal** |
| Learners last date on programme: |  |
| Last date of evidenced learning on Aptem: |  |
| Please state where last date of learning is evidenced and actions that took place: |
|  |
| Days/Months between last date of evidenced learning and learners last day on programme: |
| (DD/MM) |
| Reason for withdrawal: |
|  |

|  |
| --- |
| **Confirmation**   |
| Learner Name: |  | Signature: |  | Date: |  |
| Employer Name: |  | Signature: |  | Date: |  |
| Tutor Name: |  | Signature: |  | Date: |  |