**Provider application for an Exceptional Training Allowance**

**This form is available in Welsh | Mae’r ffurflen hon ar gael yn y Gymraeg**

**Learner’s details**

|  |  |  |
| --- | --- | --- |
| **1** | **Learner surname (LN04)** |  |
| **2** | **Learner’s first name(s) (LN05)** |  |
| **3** | **Learner’s date of birth (LN15)** |  |
| **4** | **Learner’s National Insurance number (LN13)** |  |
| **5** | **Name of learning provider** |  |
| **6** | **Address, including postcode, to which correspondence should be addressed (if different to contract address)** |  |
| **7** | **Name of apprenticeship programme the learner is following** |  |
| **8** | **Number of hours learner must attend per week** |  |
| **9** | **Length of course in weeks** |  |
| **10** | **Learner identifier (LN02)** |  |
| **11** | **Reason for requesting support** |  |
| **12** | **Dates when Exceptional Training Allowance is required** | **Start date:**Dd/mm/yy | **End date:**Dd/mm/yy |

**Learning provider’s declaration**

**to be completed by an Authorised Officer at the learning provider**

**I confirm that:**

* **the learner is enrolled on a Medr funded apprenticeship programme;**
* **the learner is/will** **be in attendance at this establishment for the period shown at part 12 above;**
* **I agree to complete an expenditure return for the Development, Investment & Performance team (DI&P);**
* **I agree to issue weekly payments to the learner, and that I will keep auditable records of this; and**
* **I will notify the Development, Investment & Performance (DI&P) team promptly if the learner ceases to attend their apprenticeship programme.**

|  |  |
| --- | --- |
| **Signature:** |  |
| **Full name:** |  |
| **Position held:** |  |
| **Date:** |  |

Completed application forms should be sent to **askACP@medr.cymru**. A copy of this form should also be retained by the provider.

**For office use only**

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| **I confirm that the above application meets the criteria for Exceptional Training Allowance funding.**  |
| **Signed on Behalf of DI&P team:**  |  |
| **Date:** |  |