**Exceptional Training Allowance monthly declaration**

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| **Provider Name:** |  |
| **Month:** |  |

Please provide a breakdown of monthly expenditure for each individual in receipt of exceptional training allowance funding.

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| --- | --- | --- | --- |
| **Learner Identifier** **LLWR field (LN02)** | **Dates when ETA funding was provided** | **Month expenditure relates to** | **Monthly expenditure****£** |
| **Date from****DD/MM/YYYY** | **Date to****DD/MM/YYYY** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please return the signed and dated declaration to **askACP@medr.cymru** no later than 7 working days after the end of each calendar month.

I certify that the amount expended has been deployed in accordance with the guidance outlined in the Programme Specification.

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| --- | --- |
| **Signed:** |  |
| **Print name:** |  |
| **Date:** |  |