

REMISSION OF COURSE FEES 2011/2012



Funded by
**Skills
Funding
Agency**

This completed form **MUST** be attached to a Learning Agreement.

SECTION ONE: TO BE COMPLETED BY THE LEARNER

LEARNER NUMBER: _____

LAST NAME: _____

FORENAMES: _____

COURSE CODES: _____

SECTION TWO: REMISSION OF COURSE FEES

I am claiming remission of course fees for the reasons shown below: *(Please tick)*

Reason for remission	Funding Stream	SFA	ASL	ACE
Job Seekers Allowance (JSA) (including the partner where the claim is joint)				
Employment Support Allowance (ESA) in the Work Related Activity Group (WRAG)				

and my National Insurance number is _____

Signed _____ Date _____

SECTION THREE: TO BE COMPLETED BY THE BENEFITS AGENCY

This is to certify that _____

residing at _____

has been receiving (please state benefit) _____

benefit since _____

Official
Stamp

Signed _____ Date _____