



Leading learning and skills

Training Provider Statement 07/08

Provider Identification

1: LLSC Code 2: Provider Number 3: Provider Name 4: Collection Number

WBL (Excludes E2E)

5: WBL Learner Expenses Payment (Value) £ 6: WBL Authorised Claims (Value) £

7: WBL Hardship (Value) £

8: WBL Additional Learning Support (Value) £

I can confirm that I have completed Additional Learning Support Costs Forms to support expenditure at this level (Tick box)

Entry to Employment (E2E)

9: E2E Progression Bonus (Volume)

10: E2E Qualification Bonus (Volume)

11: E2E Bonuses (Value) £

12: E2E Additional Learning Support (Value) £

13: E2E Hardship (Value) £

I can confirm that I have completed Additional Learning Support Costs Forms to support expenditure at this level (Tick box)

Employability Skills Programme (ESP)

14: ESP Qualification Programme Payment (Value) £ 15: ESP Qualification Achievement Outcome (Value) £

16: ESP Job Outcome (Volume)

17: ESP Job Outcome Value (Value) £

18: ESP IAG Payment (Value) £

19: Declaration:

I confirm that the above payments have been made and hold the appropriate evidence to substantiate them.

Name:

Signature:

Date:

Last Updated By:

Last Updated Date: