



**European Union**  
**European Social Fund**  
 Investing in jobs and skills

## Train to Gain Enrolment and Data Capture Form - Additional Learning Aims



Learner's Names

A03 Learner  
 Reference Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Box A  
 (Change of Circumstance)

### Section 12 – Additional Learning Aim & Funding Details

A04. Data Set Identifier Code

3	0
---	---

A09. Learning Aim Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A10. Funding Model

--	--

A11. Sources of Funding

--	--	--	--	--	--	--	--

A70. Contracting organisation code

--	--	--	--	--	--	--	--	--	--

A15. Programme Type

9	9
---	---

A16. Programme Entry Route

--	--

A26. Framework Code

0	0	0
---	---	---

A53. Additional Learning/Social Needs

--	--

A51a. Proportion of Funding Remaining

--	--	--	--

A27. Learning Start Date

								2	0				
--	--	--	--	--	--	--	--	---	---	--	--	--	--

A28. Planned End Date

										2	0				
--	--	--	--	--	--	--	--	--	--	---	---	--	--	--	--

A23. Delivery Location Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A14. Reason for Full/Co-Funding of Learning Aim

--	--

A69. Eligibility for enhanced ER funding

--	--

A59. Planned Credit Value (QCF learning aims only)

--	--	--	--

A18. Main Delivery Method

--	--

A46. National Learning Aim Monitoring

--	--	--	--	--	--	--	--

A49. Special Projects and Pilots

--	--	--	--	--	--	--	--	--	--

A63. National Skills Academy

--	--

A44. Employer Identifier

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A45. Workplace Location Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A22. Franchise and partnership delivery provider number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A64. Planned group-based hours

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A61. Project Dossier No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A62. Local Project No

--	--	--	--

A66. Employment Status on day before starting aim

--	--

A67. Length of unemployment before starting ESF project

--	--

### Section 13 – Special Monitoring Data

A47. Local Learning Aim Monitoring

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A48. Provider Specified Learning Aim Data

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**European Union**  
**European Social Fund**  
 Investing in jobs and skills

## Train to Gain Enrolment and Data Capture Form - Additional Learning Aims



Learner's Names

A03 Learner

Reference Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Box A

(Change of Circumstance)

### Section 10 – Declaration

**Provider**

'I confirm that the information on this form is correct and I declare that I have supported the learner in the completion of this document and to the best of my knowledge, the above named learner is eligible to enter Train to Gain. I have seen evidence to support the residency criteria (where applicable)'.

Provider Signature

Date

### Section 11 – Achiever / Early Leaver Information

A31. Learning Actual End Date

				2	0				
--	--	--	--	---	---	--	--	--	--

L39. Destination

--	--

A40. Achievement date

				2	0				
--	--	--	--	---	---	--	--	--	--

A34. Completion Status

--

A35. Learning Outcome

--

A36. Learning outcome grade

--	--	--	--	--	--	--	--

A50. Reason Learning Ended

--	--

A60. Credits Achieved  
 (QCF learning aims only)

--	--	--	--

A68. Employment Outcome

--	--

(not required for Apprenticeships or Train to Gain)

**Achiever** – I can confirm and certify that the Achievement details on this form are correct. All required evidence has been submitted with the claim and copies of such documents are held for audit purposes. Evidence to confirm learning is also held for audit purposes.

**Early Leaver** - I can confirm that this learner has withdrawn from the Train to Gain programme and that a formal withdrawal letter has been issued to the learner.

Provider Name

Date

Provider Signature

**Notes:**