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| Enhanced Learning Credits Claim Form | elcas logo |
| Please complete in BLOCK CAPITALSin **black** ink Circle correct answer for multiple choice questions**Your complete and accurate claim form must be received by your authorising Education Staff a minimum of 25 working days prior to course start date.**  |
| PART 1 – PERSONAL DETAILS |
|  |  |
| Service Number(at time of application or, if left Service, your number on leaving) |  |  |  | If your Service Number or Surname has changed please record your old details below. |  |
|  |
| Surname |  | Previous Service Number |  |  |  |  |
|  |  |  |  |
| Forename(s) |  | Previous Surname |  |  |
|  |  |  |  |  |  |  |
| Service | RN | Army | RAF | Date of Birth |  |  |  |  |
|  |  | Enlistment Date |  |  |  |  |
| Rank |  | Last Day of Service |  |  |  |  |
|  |  |  |  |  |
| **Have you had any breaks in service from enlistment date to your last day of****service? This includes unpaid career breaks and additional maternity/paternity leave.** | Yes | No |  |
| If you have answered YES you must ensure that ELCAS receive all necessary up to date supplementary forms before submitting your claim for processing. Please use the Supplementary Sheet (available from your Education Staff or on the website [www.enhancedlearningcredits.](http://www.enhancedlearningcredits.)com to record interrupted service, eg FTRS, NRPS). |
| Branch, Specialisation, Trade, Arm or Service | **Are you in your Resettlement phase?****Do you wish to Aggregate this claim?** | Yes | No |  |
|  |  | **Yes** | **No** |  |
|  |  |  |  |  |
| Permanent Address for correspondence |  |  |  |
| Please note that we may need to contact you at the address provided. |  |  |  |
| Telephone No:  |  | Email Address: |  |
|  |  |
| PART 2 - REQUESTED ACTIVITY (in consultation with Education Staffs\*) |  |
| Provider Name |  | Provider ID Code |  |  |  |  |
| Overall Start Date of Qualification |  |  |  | Overall End Date of Qualification |  |  |  |  |
| Overall Qualification  |   |
| Please provide details on page 2 of the course or modules of study to be undertaken with this Provider.  |  |
| Course/Module Title | Exact Start Date | End Date | Course Code |  | Full Cost of Course/ Module (£s) | Candidate Contribution (£s) min 20% | ELC Applied For (£s) |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Are you using IRTC towards your candidate contribution? | YES | NO |  |  | Total Contribution | **Total ELC Application** |  |
| Claim Instalment | 1st  | 2nd  | 3rd |  |  | £ | £ |  |
| **Below we have included a worked example to show how the 20% contribution must be rounded up not down:-****£838.56 x 20% = £167.712****Your 20% must be rounded up to £167.72****ELC applied for £670.84****Please note if figures are incorrect your claim will be delayed.** |  |  |
| PART 3 – INDIVIDUAL DECLARATION |  |
| 1. I confirm the accuracy of the details on this form and apply to CLAIM the Enhanced Learning Credit.
2. I hereby agree to the Learning Provider releasing information relating to my application and study to ELCAS and MoD as appropriate.
3. I hereby agree to complete and submit my Course Evaluation Form upon completion of my course, in accordance with single Service procedures.
4. I understand that claims must reach an Authorising Ed Staff a minimum of 25 clear working days prior to the course start date.
5. By signing this form I confirm I have read and understood the JSP 822 and that the course/modules are listed on the ELCAS master list of approved course(s)/module(s) offered by the provider.
 |  |
|  |  |  |  |  |  |  |
| Signature |  | Date |  |  |  |  |
|  |  |
| **Warning: It is an offence to make or conspire in making a false statement on or about this application.** |  |
| CLAIMANTS NO LONGER IN SERVICE SHOULD REFER TO THE SERVICE LEAVERS PAGE OF THE ELCASWEBSITE www.enhancedlearningcredits.com FOR GUIDANCE AND THE APPROPRIATE CONTACT DETAILS. |  |
| **PART 4 - AUTHORISATION BY LINE MANAGER** (to be completed only for Serving Personnel) |  |
| Surname/Initials |  |  | Service Number(or Payroll Number) |  |  |
|  |  |  |  |  |
| **Signature** |  |  | Date |  |  |  |  |
|  |  |
| PART 5 – AUTHORISATION BY EDUCATION STAFFS (or PERSONAL LEARNING ADVISOR)**I have discussed this application with the claimant and confirm that, in my opinion, it conforms to the requirements of the Joint Service Publication 822 and that the claimant has accrued sufficient eligible service to submit this claim. As part of this conformity with the JSP, I am also confirming that the course(s)/module(s) detailed at Part 2 lead(s) to a nationally recognised qualification at level three or above on the National Qualification Framework and that they are listed on the ELCAS master list of approved course(s)/module(s) offered by the Approved provider.** |  |
|  |  |
| Surname/Initials |  |  | Service Number(or Payroll Number) |  |  |
|  |  |  |  |
| Signature  |  | Date |  |  |  |  |
|  |  |  |  |  |
| Education Centre |  | SQL Number(List found on ELCAS website) |  |  |
|  |  |  |  |  |
| Unit Stamp |  | Is this application a resubmission? | Yes | **No** |  |  |
|  |  |
| If Yes please indicate the previous claim reference number here. |  |  |
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| This claim form must be received by an Authorising Ed Staff a minimum of 25 clear working days prior to the course start date, please enter this deadline date: Please note this also applies to queried claims that are re-presented. |  |
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**The information you provide on this form will be held on a database by ELCAS. The data will be used solely for the administration of the ELC Scheme and to monitor and evaluate its performance. The data held will not be disclosed to any parties not involved in the ELC Scheme administration and management. All data will be handled in accordance with the Data Protection Act 1998.**