

Enhanced Learning Credits Claim Form



Please complete in BLOCK CAPITALS in 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. It must subsequently be forwarded to reach ELCAS at least 15 clear working days prior to the course start date.

PART 1 – PERSONAL DETAILS

Service Number <small>(at time of application or, if left Service, your number on leaving)</small>	<input type="text"/>	If your Service Number or Surname has changed please record your old details below.	
Surname	<input type="text"/>	Previous Service Number	<input type="text"/>
Forename(s)	<input type="text"/>	Previous Surname	<input type="text"/>
Service	<input type="checkbox"/> RN <input type="checkbox"/> Army <input type="checkbox"/> RAF	Date of Birth	<input type="text"/>
Rank	<input type="text"/>	Enlistment Date	<input type="text"/>
		Last Day of Service	<input type="text"/>
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.com to record interrupted service, eg FTRS, NRPS).

Branch, Specialisation, Trade, Arm or Service	<input type="text"/>	Are you in your Resettlement phase?	Yes	No
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Permanent Address for correspondence <small>Please note that we may need to contact you at the address provided.</small>	<input type="text"/>		
Telephone No:	Email Address:		

PART 2 - REQUESTED ACTIVITY (in consultation with Education Staffs*)

Provider Name	<input type="text"/>			Provider ID Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall Start Date of Qualification	<input type="text"/>	<input type="text"/>	<input type="text"/>	Overall End Date of Qualification	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall Qualification	<input type="text"/>							

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)
Are you using IRTC towards your candidate contribution?	YES		NO	Total Contribution		Total ELC Application
Claim Instalment	1 st	2 nd	3 rd	£	£	

Below we have included a worked example to show how the 20% contribution must be rounded up not down:-

$$£838.56 \times 20\% = £167.712$$

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 ELCAS 15 clear working days prior to the course start date.
- 5) By signing this form I confirm I have read and understood the JSP 898 Pt 4 Chap 3 and that the course/module(s) 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 ELCAS WEBSITE 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 898 Pt 4 Chap 3 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.

This claim form must be received by ELCAS 15 clear working days prior to 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 2000.