

Confirmation of Training Allowance period start, end or extension



Please use black ink and BLOCK CAPITALS.

Part 1 Claimant's details

Title

Surname

Other names

NI number

Letters	Numbers		Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 Provider details

Name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Contact phone
number

Part 3 Activity details

Hours a week

Describe the
activity

Please turn over ►

Part 4 TA start confirmation

Claimant started on

Claimant did not start on Please phone APT immediately to confirm.

Part 5 Request to extend TA – this must be before the TA has ended

Proposed new end date

Part 6 Confirmation that TA has ended early

TA ended on Please phone APT immediately to confirm.

Reason for TA ending early if known

Part 7 TA end confirmation

TA is expected to end on