|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ELC Cancellation of Instalment Request FormNote: THIS FORM IS TO NOT BE USED WHEN THE INVOICE HAS BEEN PRESENTED TO ELCAS | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Please complete in BLOCK CAPITALSin **black** ink. Circle correct answer for multiple choice questions | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 1 – PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Service Number | | | |  | | |  | | | | | | | | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Surname | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Forename(s) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Service | | | | RN | | | | | Army | | | | | | | | | | | | RAF | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Rank | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| Permanent Address for correspondence | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Please note that we may need to contact you at the address provided. | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Postcode | | | |  | | | | | | | | Telephone No: | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| PART 2 – COURSE/MODULE DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Provider Name | | | |  | | | | | | | | | | | | | Code | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| CAN/Claim Number | | | |  | | | | | | | | | | | |  | |  | | | |  | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Course Title | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Reasons for cancellation request (please continue on an additional sheet if required): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |
|  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| PART 3 – INDIVIDUAL DECLARATION - Supporting paperwork MUST accompany this request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Check compliance with the statements below before signing the declaration. Claimants No Longer in Service are to provide equivalent supporting documentation.   * I wish to cancel my course and request the cancellation of my current ELC instalment. * I have discussed this with my Provider and Authorising Education Staff. * I attach the following supporting documents: * A statement from the Provider confirming cancellation and non submission of invoice. * Proof of Posting / Proof of Detachment * Supporting statement from Line Manager   (Where appropriate this should include supporting evidence for compassionate / medical grounds). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **√** | |  |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Surname/Initials | |  | | | | | | | |  | | | Service Number (or Payroll Number) | | | | | | |  | | | | | | | | | | |  |
|  | |  | | | | | | | |  | | |  | | | | | | | | | | |  |
| **Signature** | |  | | | | | | | |  | | | Date | | | | | | |  | | |  | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| PART 4 – AUTHORISATION BY EDUCATION STAFF or SINGLE SERVICE REPRESENTATIVE(For contact details please consult the ELC website [www.enhancedlearningcredits.com](http://www.enhancedlearningcredits.co.uk)) **I have discussed this request for cancellation with the claimant and confirm that, in my opinion, it conforms to the requirements of the JSP 822 presently in force.**  **I have checked that all of the supporting information listed in Part 3 is included and I have placed a copy of this document on the individual’s PDR .** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Surname/Initials |  | | | | | | | | |  | | | | Service Number (or Payroll Number) | | | | |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  | | | | | | | | | | | |  |
| Signature |  | | | | | | | | | | | | | Date | | | | |  | | |  | | | |  | | | | |  |
|  |  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  |
| Education Centre |  | | | | | | | | | | | | | Unit Stamp | | | | |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
| Date Request **Received** |  | | | |  | | |  | | | | | |  |
|  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Approved? | Yes | | | | | No | | | | | | | | | Reasons for approval/refusal are given below. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reasons for Approval/ Refusal |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **When completed the Claim should be cancelled online and a copy placed on the Learner’s**  **PDR / Education Records.** | | | | | | | | | | | The information that 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 2018. | | | | | | | | | | | | | | | | | | |  | |