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| ELC Reinstatement of Instalment Request Form **NOTE: THIS FORM IS TO BE USED WHEN THE INVOICE HAS BEEN PRESENTED TO ELCAS** | | | | | | | | | | | | | | | | | | | Logo  Description automatically generated | | | | | |
| Please complete in BLOCK CAPITALSin **black** ink. Circle correct answer for multiple choice questions | | | | | | | | | | | | | | | | | | |
| PART 1 – PERSONAL DETAILS | | | | | | | | | | | | | | | | | | |
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| Service Number | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| Surname | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| Forename(s) | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| Service | | | RN | | Army | | | | | | | | | | | | | RAF | | | | |  | |
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| PART 2 – COURSE/MODULE DETAILS | | | | | | | | | | | | | | | | | | | | | | |  | |
| Provider Name | | |  | | | | | | | | | | Code | | | | | |  | | | |  | |
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| CAN/Claim Number | | |  | | | | | | | | |  | |  | | | | |  |  | | |  | |
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| Course Title | | |  | | | | | | | | | | | | | | | | | | | |  | |
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| Reasons for reinstatement request (please continue on an additional sheet if required): | | | | | | | | | | | | | | | | | | | | | | |  | |
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| PART 3 – INDIVIDUAL DECLARATION – Supporting paperwork MUST accompany this request | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Check compliance with the statements below before signing the declaration. Claimants No Longer in Service are to provide equivalent supporting documentation. | | | | | | | | | | | | | | | | | | | | | ✓ | |  | |
| I wish to withdraw from my course and request the reinstatement 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 withdrawal (see Single Service notes for guidance). | | | | | | | | | | | | | | | | | | | | |  | |  | |
| * A statement from the Provider confirming the ELC contribution has been/will be refunded and the £value | | | | | | | | | | | | | | | | | | | | |  | |  | |
| * Proof of Posting / Proof of Detachment | | | | | | | | | | | | | | | | | | | | |  | |  | |
| * Supporting statement from Line Manager (Where appropriate Line Manager should confirm compassionate/medical grounds have resulted in course withdrawal). | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| Signature | | |  | | | | | | | Date | | | | | | |  | | | | | |  | |
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| Warning: It is an offence to make or conspire in making a false statement on or about this application. | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **PART 4 - AUTHORISATION BY EDUCATION STAFFS**  (or PERSONAL LEARNING ADVISOR)  **I have discussed this request for reinstatement 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 | | | | | | | |  | | | | | | |  | |
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| PART 5 – AUTHORISATION BY SINGLE SERVICE REPRESENTATIVE(or COMPARABLE SANCTIONED REPRESENTATIVE)(For contact details please consult the ELC website [www.enhancedlearningcredits.com](http://www.enhancedlearningcredits.com)) | | | | | | | | | | | | | | | | | | | | | | |  | |
| Select from **one** of the statements below. | | | | | | | | | | | | | | | | | | | | | ✓ | |  | |
| This claim is to be Reinstated and not included in the student’s claim count; I have confirmed receipt of the refund from the Provider | | | | | | | | | | | | | | | | | | | | |  | |  | |
| This claim is to be Reinstated and not included in the student’s claim count; the Provider has not/will not refund the ELC contribution and there are sufficient extenuating circumstances to reinstate this claim | | | | | | | | | | | | | | | | | | | | |  | |  | |
| This claim is Not Reinstated and will be included in the student’s claim count; the Provider has not/will not refund the ELC contribution | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| Surname/Initials |  | | | | |  | | Service/Staff Number | | | | | | | |  | | | | | | |  | |
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| Job Role |  | | | | | | | | | | | | | | | | | | | | | |  | |
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| Signature |  | | | | | | | **Date** | | | | | | | |  | | | | | | |  | |
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| Education Centre |  | | | | | | | Unit Stamp | | | | | | | |  | | | | | | |  | |
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| Date Request **Received** |  | | | | | | |  | | | | | | | |  | |
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| Request Approved? | Yes | | | No | | | | Reasons for approval/refusal are given below. | | | | | | | | | | | | | | | |
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| Reasons for Approval/ Refusal |  | | | | | | | | | | | | | | | | | | | | |  | | |
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| PART 6 – INDIVIDUAL DECLARATION (for refusals only) | | | | | | | | | | | | | | | | | | | | | |  | | |
| **If your request for reinstatement is refused you should continue with the learning activity. Failure to do so will result in the loss of Scheme Membership, which will prevent any future ELC claims.** | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Please confirm that you will continue** | | Yes | | **No** | | | | |  | |  | | | | | | | | | | |  | | |
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| **Signature** | |  | | | | | | | **Date** | |  | | | |  | | | | | | |  | | |
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| **When completed this form should be sent to ELCAS, copied to the Learner via the Ed Staff with 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. | | | | | | | | | | | | | | | |  | | |