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| SPOUSE OR NOMINATED PROXYEnhanced Learning Credits Claim Form |  |
| Please complete in BLOCK CAPITALSin **black** ink Circle correct answer for multiple choice questionsYour 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****(EX) SERVICE PERSONNEL DETAILS** |
|  |  |
| Service Number |  |  |  | If Service Number or Surname changed since initial application old details should be recorded below. |  |
|  |
| Surname |  | Previous Service Number |  |  |  |  |
|  |  |  |  |
| Forename(s) |  | Previous Surname |  |  |
|  |  |  |  |  |  |  |
| Service | RN | Army | RAF | Date of Birth |  |  |  |  |
|  |  | Enlistment Date |  |  |  |  |
| Rank |  | Last Day of Service |  |  |  |  |
|  |  |  |  |  |
| **Were there any breaks in service from enlistment date to last day of****service?** | Yes | No |  |
| **Do you wish to Aggregate this claim?** | Yes | No |  |
| If you have answered YES you must ensure that ELCAS receive all necessaryup to date supplementary forms before submitting a claim for processing.Please use the Supplementary Sheet (available from your Education Staff or on the website [www.enhancedlearningcredits.com](http://www.enhancedlearningcredits.com) to record interrupted service, eg FTRS, NRPS. |

**CONTACT DETAILS OF SPOUSE/NOMINATED PROXY ie. CLAIMANT**

**Full Name and Title**

**Date of birth**

**Permanent Address for Correspondence**

**Email Address**

**Telephone No.**

 **Postcode**

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| PART 2 - REQUESTED ACTIVITY (in consultation with Education Staffs/Single Service Representative) |  |
| Provider Name |  | Provider ID Code |  |  |  |  |
| Overall Start Date of Qualification |  |  |  | Overall End Date of Qualification |  |  |  |  |
| Overall Qualification  |   |
|  |  |
| 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) |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | 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.**

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| 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 via the ELCAS website upon completion of my course, in accordance with Single Service procedures.
4. I understand that claims must reach an authorised 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 Joint Service Publication (JSP) 822
 |  |
|  |  |  |  |  |  |  |
| Signature |  | Date |  |  |  |  |
|  |  |
| **Warning: It is an offence to make or conspire in making a false statement on or about this application.** |  |
| PART 4 – AUTHORISATION BY EDUCATION STAFFS **I have discussed this application with the claimant and confirm that, in my opinion, it conforms to the requirements of the Joint Service Publication (Transfer of ELC to Spouse or Nominated Proxy.)As part of this conformity with the JSP I am also confirming that the course(s)/module(s) detailed overleaf lead(s) to a nationally recognised qualification at level three or above on the Regulated Qualification Framework.** |  |
|  |  |
| Surname/Initials |  |  | Service Number(or Payroll Number) |  |  |
|  |  |  |  |
| Signature  |  | Date |  |  |  |  |
|  |  |  |  |  |
| Education Centre |  | SQL Number(List found on ELCAS website) |  |  |
|  |  |  |  |  |
|  |  | Is this application a resubmission? | Yes | **No** |  |
|  |
| **If Yes please indicate the previous claim reference number here.** |
|  |
|  |
|  |  |
| PART 5 – AUTHORISATION BY SINGLE SERVICE REPRESENTATIVE (SSR) (Final authorisation is required by the SSR therefore this section must be completed before the claim can be processed)**I have assessed the information supplied by the Education Officer and am content that the claim meets the requirements of the Joint Service Publication (Transfer of ELC to Spouse or Nominated Proxy).** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SSR Surname/Initials |  |  | Service Number(or Payroll Number) |  |  |
|  |  |  |  |
| Signature  |  | Date |  |  |  |  |
|  |  |  |  |  |
| Education Centre |  | **Unit Stamp** |  |  |

**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 2018.**