|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |

|  |  |
| --- | --- |
| **Course Title** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider** |  | **Course Start Date** |  |  |  |  |  |  |  |  |

**Achievement Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Achieved** |  |  |  **Please specify the outcome date for the selected option:** |
| **Did not achieve** |  |  |  |  |  |  |  |  |  |  |
| **Awaiting exam result** |  |

**Outcome Achievement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of course goals set** |  | **Number of course goals met** |  |
| **Number of personal goals set** |  | **Number of personal goals met** |  |

**Withdrawal Reason (tick all that apply, only for learners who have WITHDRAWN before completing)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transfer to new course at same provider** |  | **Transfer to new provider** |  | **Financial reasons** |  |
| **Injury/Illness** |  | **Other personal reason** |  | **Reason not known** |  |
| **Job outcome\*** |  | **Other (please state)** |  |
| **Agreed break in learning:** |  | **Learner signature agreeing to break** **in learning:** |  |
|  |  | **Reason for break in learning:** |  |

**\*** **For Employment Outcomes please fill out an Employment Outcome form and submit it with this form to the data team.**

**Tailored Learning Outcome** *(For Tailored Learning courses ONLY, please choose ONE best suited)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Increased confidence** |  | **Improved skills for progressing****to further learning** |  | **Improved skills for work** |  | **Improved essential skills** |  |
| **Improved ability to support a****child’s learning** |  | **Improved physical health** |  | **Improved mental health and****well-being** |  | **Improved skills to participate****in community life** |  |
| **Increased understanding of****democratic values** |  | **Improved skills for****independent living** |  |  |

**Learner Destination and Progression** *(What is the learner’s status following this course?)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Further Education** |  | **Paid Employment** |  | **Gap Year** |  |
| **Not in paid employment** |  | **Social Destination** |  | **Voluntary Work** |  |
| **Other** |  | **If Other, please state:** |  |

|  |  |
| --- | --- |
| **Tutor Signature** | **Date** |
|   |  |  |  |  |  |  |  |  |

PLEASE SUBMIT A COMPETED COURSE REGISTER ALONG WITH COMPLETION FORMS, FOR ATTENDANCE MONITORING PURPOSES.