



Funded by:



Leading learning and skills



**ADVANCED APPRENTICESHIP IN SPORTING EXCELLENCE
TECHNICAL CERTIFICATE REFUND CLAIM FORM**

ATHLETE NAME	
DATE OF BIRTH	
ADDRESS (inc post code)	
BEST CONTACT NUMBER	
E-MAIL (you will be sent a remittance advice via e-mail)	
COURSE INFO	DATES: (Start..... End :.....) LOCATION:
COST OF COURSE	
ACCOUNT HOLDER NAME (S)	
SORT CODE	
ACCOUNT NUMBER	
DATE OF CLAIM	
IN ORDER FOR YOUR CLAIM TO BE PROCESSED <u>YOU MUST ATTACH THE FOLLOWING EVIDENCE TO THIS FORM:</u> 1) RECEIPT OF PAYMENT 2) COPY OF COURSE ACHIEVEMENT CERTIFICATE	
BELOW IS FOR OFFICE USE ONLY	
BUDGET CODE	
CLAIM FORM PROCESSED BY	
CLAIM FORM AUTHORISED BY	
DATE OF AUTHORISATION	
DATE CLAIM FORM SENT TO FINANCE	

PLEASE RETURN FORM TO:

EVA-MARIA PAYATES, AASE PROGRAMME ADMINISTRATOR,
35 GRANBY STREET, LOUGHBOROUGH, LEICS, LE11 3DU
T: 01509 615458, F: 01509 237925, E: eva.payates@swimming.org

BELOW IS FOR OFFICE USE ONLY	
NVQ START DATE	
AQUATIC DISCIPLINE	
ASSESSOR NAME	
TECH CERT TITLE	
TECH CERT LAD CODE	
COURSE START DATE	
COURSE AWARD DATE	
UPDATED PAYMENT TRACKER	<i>(tick if yes)</i>
UPDATED TECH CERT DATABASE	<i>(tick if yes)</i>
UPDATED MAYTAS	<i>(tick if yes)</i>
UPDATED ILR	<i>(tick if yes)</i>
UPDATED ILP	<i>(tick if yes)</i>
COPY KEPT IN FINANCE FILE	<i>(tick if yes)</i>
COPY KEPT IN ATHLETE FILE	<i>(tick if yes)</i>
PROCESS COMPLETED BY	
PROCESS COMPLETED ON	

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