

JERSEY APPRENTICESHIP SCHEME
QUALIFICATION CLAIM FORM

Please print clearly in CAPITALS

Applicant's Full Name..... Mr Miss Ms Mrs
(circle)

Home Address.....

.....Postal Code.....

Level of qualification achieved *(circle)* 2 / 3

Title of qualification achieved.....

Date of certificate of qualification.....

I confirm that I have achieved the above qualification.
Applicant's signature.....Date.....

Please return this form along with a copy of the qualification certificate to **Jersey Enterprise, Liberation Place, St Helier, JE1 1BB** for the attention of **"The Apprenticeship Manager"**.

N.B All grant payments made to applicants are liable to income tax and should be declared on your Income Tax return form in the year it was received

FOR OFFICE USE

Apprentice No..... Apprentice P/O No.....

Approved by..... Date.....

Amount Due £.....