## Training Provider Statement 07/08

### Provider Identification
- 1: LLSC Code
- 2: Provider Number
- 3: Provider Name
- 4: Collection Number

### WBL (Excludes E2E)
- 5: WBL Learner Expenses Payment (Value) £
- 6: WBL Authorised Claims (Value) £
- 7: WBL Hardship (Value) £
- 8: WBL Additional Learning Support (Value) £

I can confirm that I have completed Additional Learning Support Costs Forms to support expenditure at this level (Tick box)

### Entry to Employment (E2E)
- 9: E2E Progression Bonus (Volume)
- 10: E2E Qualification Bonus (Volume)
- 11: E2E Bonuses (Value) £
- 12: E2E Additional Learning Support (Value) £
- 13: E2E Hardship (Value) £

I can confirm that I have completed Additional Learning Support Costs Forms to support expenditure at this level (Tick box)

### Employability Skills Programme (ESP)
- 14: ESP Qualification Programme Payment (Value) £
- 15: ESP Qualification Achievement Outcome (Value) £
- 16: ESP Job Outcome (Volume)
- 17: ESP Job Outcome Value (Value) £
- 18: ESP IAG Payment (Value) £

### Declaration:
I confirm that the above payments have been made and hold the appropriate evidence to substantiate them.

**Name:**

**Signature:**

**Date:**

**Last Updated By:**

**Last Updated Date:**