



**Nottinghamshire
County Council**

Course Data Sheet

(August 10 - July 11)

ACLS 01

ACLS 01

Contract Holder	<input type="text"/>	Contract Ref	<input type="text"/>
Provider	<input type="text"/>	Venue Code	<input type="text"/>
Venue Name	<input type="text"/>	Venue Postcode	<input type="text"/>
Venue Address	<input type="text"/>		
Course Title	<input type="text"/>	Tutor	<input type="text"/>

Please tick appropriate funding theme box below. For FLIF please enter the programme strand (1-5):
1 Early Years Foundation Stage **2** Family Numeracy **3** Financial Capability **4** Digital Families **5** Wider Family Learning

Funding Theme	Personal & Community Development Learning		Family Learning						Other	
	General	LLDD Discrete	FLLN		FLIF		WFL			
			Joint Adult & Child	Adult Only	Joint Adult & Child	Adult Only	Joint Adult & Child	Adult Only		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Learning Aim Data: See Guidance Notes

Accredited Course?	Code (Learning aim Ref No.)	QCF Credit Value	Sector Subject Area	Level of Learning	Awarding Body
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provider Course Ref	<input type="text"/>	No. of Sessions	<input type="text"/>	Hours per Session	<input type="text"/>	Course GLH	<input type="text"/>
Course Start Date	<input type="text" value="d d m m y y y y"/>	Start Time of Course e.g. 13.15	<input type="text" value="h h m m"/>				
Planned Finish Date	<input type="text" value="d d m m y y y y"/>						
Target No. of Starters	<input type="text"/>	EXPECTED ACLS FINANCIAL CONTRIBUTION					
Print name	<input type="text"/>	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider's Signature	<input type="text"/>	Date	<input type="text"/>				

Skills Funding Agency

Copies to:
 This Copy - ACLS
 Pink Copy - ACLS*
 Blue Copy - Provider

* In the event the class closes early, please complete the Early Closure section on the Pink copy of **ACLS 01** and return to ACLS, Communities Department, County Hall, West Bridgford, Nottingham NG2 7QP, together with forms **ACLS 04** and **ACLS 05** or **06**. See guidance notes for further details.

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Planned Finish Date	<input type="text"/>	EXPECTED ACLS FINANCIAL CONTRIBUTION £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Target No. of Starters	<input type="text"/>						
Print name	<input type="text"/>	Date	<input type="text"/>				
Provider's Signature	<input type="text"/>						

EARLY CLOSURE OF COURSE

Reason for Closure	<input type="text"/>	Date Closed	<input type="text"/>
Tutor ill	<input type="checkbox"/>	Low Learner Numbers	<input type="checkbox"/>
		Accommodation Related	<input type="checkbox"/>

If other please explain:

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Signature	<input type="text"/>
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