







I declare that, to the best of my knowledge and belief the information given on this application is true, and understand that any false declaration by me may result in any funding received being withdrawn and training terminated.

Candidate's signature: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_  
(Please print)

**Office Use Only**

Approved qualification:

Learning start date:

Planned end date:

Comments:

Invoice (if applicable) £.....

Date sent/passed to admin: .....

Please return this form to: HTS Ltd.,142 Whitley Road, Eastbourne, East Sussex BN22 8LT; or by Fax to: 01323 647377