**SBA Project CIC funded course referral form**

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| --- | --- |
| **Learner name**  |  |
| **Course name** |  |
| **Course start date**  |  |
| **Course location**  |  |
|  |  |
| **Address** |  |
| **Phone number** |  |
| **Email address** |  |
| **Date of birth**  |  |
|  |  |
| **Is learner employed?**  |  |
| **Is learner claiming benefits?** |  |
| **If learner is employed, are they earning under £17k per year?** |  |
| **Can learner provide ID?** |  |
| **Any additional information** |  |