

CARE FUNDING CLAIM FORM (2015/16)

I wish to claim funding at £15 per QCF Credit from my Skills for Care (WDF) allocation, for the following completed Units:

Name of Candidate	ULN (of Candidate)	Unit Number (eg HSC33)	Cand. Reg No.	Awarding Body (eg C&G)
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Continue overleaf if necessary

I enclose:

1. A copy of the Unit Summary Form (signed/dated by IV) for each QCF Unit
2. An invoice for £..... made out to HCA.

Please send re-imburement cheque to:

Contact name:.....

Address:.....

.....

.....

Please make cheques payable to:

Signed:

Date:

When completed, please return this Form (together with copies of USFs) and your invoice to:

John Tomlinson
23 Oak Road
Fareham
PO15 5HD

Please ensure that your Training Provider is aware that this funding comes from a Government source

