

ATTENDANCE AT CWA/CTA CONFIRMATION AND CLAIM FORM

Part 1 must be completed in all cases.

Part 2 must be completed on completion of Civilian Work Attachment or External Training.

Parts 2, 3 and 4 must be completed on completion of activity to claim refund of IRTC.

Part 1: Particulars of Service Leaver (SL).		
Service No:	Rank:	Name:
Unit:		
Unit Address:		Section:
		Telephone No:

ATTENDANCE CERTIFICATE FOR CIVILIAN WORK ATTACHMENT OR EXTERNAL TRAINING.

Part 2: Certificate (to be completed in full by organisation providing training or work attachment).

We certify that the above named has attended a resettlement training course and fully paid all relevant training costs or completed a civilian work attachment with this company/organisation, and was in attendance throughout the period detailed below:

From: _____ To: _____

Reason for absences - if known:

Company/Organisation Stamp:

Name:

Appointment:

Date:

Signature:

APPLICATION FOR REFUND OF INDIVIDUAL TRAINING COSTS (IRTC).

Part 3: Part 2 is completed and I attach a receipt for the fees paid by me for my Resettlement training course. I declare that the total that I have claimed in respect of resettlement training does not, with this claim, exceed the permitted maximum.

Part 3a: Signature of SL:

Date:

Part 4: Authorisation by the Service Resettlement Adviser (SRA).

In addition to the £ _____ advanced for this course (if applicable), the applicant has already received £ _____ under the IRTC Scheme for previous courses.

The course for which this claim is made was duly authorised on F363T and on F1746 where applicable, and takes account of any course undertaken at the CTP Resettlement Training Centre (RTC) or other CTP-authorized centre.

I am satisfied that the claimant has made satisfactory progress/completed the course (see part 2). The total of all claims made by the claimant does not exceed limits, including any abatement of the allowance in respect of courses undertaken or booked at the RTC or other CTP-authorized centre. I approve the refund of £ _____ against the RAC detailed below:

UIN:	Cost Centre:	RAC:
Signature:	Name:	Date:
	Appointment:	