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Inspire Learning

# Withdrawal Form – Form 15

Course Title …………………………….………………………………………..………………….

Provider …………………………….………………………………………..………………….

Day ………………………. Time …………….. Location ……………………………………

Learner Name ………………………………… Contact Tel. No. ……………………….

First Date Attended ………………………….. Last Date Attended …………………........

**Action Taken**

|  |  |  |
| --- | --- | --- |
| **Telephone call** | **Date of call** | **Result of call** |
| After 2nd absence |  |  |
| After 3rd absence |  |  |
| After 4th absence |  |  |

**Reason for Withdrawal** (please tick)

|  |  |
| --- | --- |
| **Course Related**  | **Not Course Related** |
| Day of course  |  | Employment |  |
| Timing of course |  | Illness/ injury |  |
| Location |  | Moved away |  |
| Course too difficult  |  | Personal reasons |  |
| Course not interesting |  | Domestic circumstances |  |
| Quality of teaching/tutor |  | Financial reasons |  |
| Course not challenging |  | Childcare problems |  |
| Course content not as expected  |  | Other commitment/activity clashes and given preference |  |
| Cost of course  |  | Learned enough for needs |  |
| Other (please specify)  |  | Other (please specify) |  |
| ………………………………………. |  | ………………………………………. |  |

Form completed by …………………………………………. Date ……………………