

# Course Withdrawal Form

**Centre Name:** Sysco Business Skills Academy

**Address:** Threlfall Building, Trueman Street, Liverpool, L3 2BA

**Email:** [Skills@sysco.uk.com](mailto:Skills@sysco.uk.com)

**Date of Withdrawal Request:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## 1. Learner Details

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Learner ID (if applicable):** \_\_\_\_\_
  - **Contact Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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## 2. Course Information

- **Course Title:** \_\_\_\_\_
  - **Course Code (if applicable):** \_\_\_\_\_
  - **Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Planned End Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Tutor/Assessor Name:** \_\_\_\_\_
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## 3. Reason for Withdrawal

(Please tick the most appropriate option and provide a brief explanation)

- ☐ Personal circumstances
- ☐ Health or medical reasons
- ☐ Employment or work commitments
- ☐ Change in career direction
- ☐ Financial reasons
- ☐ Dissatisfaction with the course
- ☐ Transferring to another provider
- ☐ Other (please specify): \_\_\_\_\_

**Further explanation (optional):**

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#### 4. Refunds and Financial Information

(Complete this section if fees were paid or if funding is in place)

- **Was the learner self-funded?** ☐ Yes ☐ No
- **Was the learner funded (e.g. AEB / Advanced Learner Loan / Employer)?**  
☐ Yes ☐ No
- **Have any fees been paid by the learner?** ☐ Yes ☐ No
- **Amount paid (if applicable):** £ \_\_\_\_\_

#### Refund Policy Acknowledgement:

Refunds will be processed in line with the centre's refund policy. Refunds may be offered on a pro-rata basis depending on the stage of withdrawal, provided written notice is received within the terms outlined at enrolment. For funded learners, withdrawal may impact continued access to government-funded training or loan arrangements.

☐ I acknowledge that I have read and understand the refund policy and am aware of how my withdrawal may affect my fees or funding.

**Learner Initials:** \_\_\_\_\_

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#### 5. Learner Declaration

I confirm that I wish to withdraw from the above course. I understand that this may impact my eligibility for future funding or qualifications and that any fees or funding arrangements may be affected in accordance with centre policy and funding rules.

**Learner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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#### 6. Centre Use Only

- **Date withdrawal received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Last date of attendance:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **Refund required:** ☐ Yes ☐ No
  - **Refund processed:** ☐ Yes ☐ No
  - **Notified to awarding body?** ☐ Yes ☐ No
  - **Notified to funding body (if applicable)?** ☐ Yes ☐ No
  - **Internal system updated:** ☐ Yes ☐ No
  - **Exit interview conducted?** ☐ Yes ☐ No
  - **Receiving centre details (if transferring):**
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**Processed by (Name):** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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