**Wales Union Learning Fund (WULF)**

**Learner Form**

**Yes / No**

**Have you completed this form before?**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |

|  |  |
| --- | --- |
| **Email Address** |  |
| **Home Postcode** |  |  |

|  |  |  |
| --- | --- | --- |
| **Date of course / event** |  | (DD/MM/YYYY) |
| **Name of course / event** |  |

**NUJ**

**Union that supported learning**

|  |
| --- |
| **Has / Will this course;** |
| **a) raise the level of your previous qualification** | **Yes / No** |
| **b) progress you within your career** | **Yes / No** |

By receiving support through this project/programme you acknowledge that your information will be used in the ways set out above.

Signed: Date: