

Wales Union Learning Fund (WULF)

Learner Form



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Have you completed this form before?	Yes / No
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First Name	
Surname	

Email Address	
Home Postcode	

Are you under 25 years of age?	Yes/No
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Date of course / event		
Name of course / event		

Union that supported learning	
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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: _____