

# Student Withdrawal Form/Exit Questionnaire



Candidate name			
Setting			
Home Address			
Course title			
Training Provider			
Are you the nominated person for Early Years Professional Status within your setting?			
Yes		No	
I have withdrawn from the qualification, detailed above, due to:			
Ill health	Level too high		
Personal circumstances	Level too low		
Childcare issues	Quality of training		
Transport issues	Course not as expected		
Other			
Please give more details ...			
Are you intending to re-start the course at a later date?	Yes	est date?	No
Would you consider a different level of qualification?	Yes	No	
Have you got any other training needs relating to your work in childcare?			
Yes (please give details)	No		
Return to: ntopp@swindon.gov.uk or Swindon Sure Start Partnership, c/o Civic Offices, Euclid Street, Swindon, SN1 2JH			