





# Course Tutor / Coordinator Details

To be completed by your PGCE course coordinator or university tutor.

**Name \***

First Name      Last Name

**Position \***

**Email \***

example@example.com

**University / training provider \***

**Phone Number \***

**Applicant Number / Student Number \***

Area Code    Phone Number

**Date \***



Month    Day    Year

**Check all the boxes \***

Confirm applicant has a conditional offer on an ITT course

Confirm applicant requires a 12-week Spanish SKE course

Confirm applicant is eligible for DfE programme funding

Confirm the University agrees to manage DfE programme funding on behalf of the applicant and SKE Madrid.

**Signature**

---

## Administrator Contact Details

Details of the person within the university responsible for SKE / DfE bursary administration.

**Name \***

First Name      Last Name

**Email \***

example@example.com

**Phone Number \***

Area Code    Phone Number