

Employability Fund Progression from EF to a job/self employment

Print and sign completed document

The personal information provided on this form will be retained securely in compliance with The Data Protection Act 1998, SDS Privacy policy/ statement, and will be securely destroyed after it is no longer required for the administration of The Employability Fund.

Section 1

Participant name..... EF leaving date.....
 NI number..... Job Title.....
 EF Training Provider name..... Date of entering job/self employment.....

Section 2

Declaration by employer/business*

In the absence of a completed employer/business declaration alternative evidence can be used, please refer to the EF Activity Rules for full details.

*The employer/business is the organisation that pays the participant.

I declare that the information supplied in Section 1 above is correct and the individual concerned has been in paid employment for more than 15 hours per week for a minimum of 4 consecutive weeks or more than 60 hours over 4 consecutive weeks

Signature of employer/business..... Employer/business address.....
 Print name.....
 Date..... Employer/business tel no.....
 Employer/business name..... Employer/business email.....

Section 2A

Employment location

Only to be completed if the organisation that pays the participant does not directly manage the participant.

Employer/business name..... Employer/business address.....
 Employer/business tel no.....
 Employer/business email.....

Section 3

Declaration by participant

* In the case of self employment additional evidence is required in support of this declaration, please refer to the EF Activity Rules for full details

I declare that the information supplied in Section 1 above is correct and I have been employed/*self employed for more than 15 hours per week for a minimum of 4 consecutive weeks or more than 60 hrs over 4 consecutive weeks

Signature of participant..... Print name.....
 Date.....

Section 3

Declaration by EF training provider

I declare that I have checked the information supplied above and have confirmed the following:

- The date of entering job/self employment is within 26 weeks of the date of leaving EF
- The job/self employment is more than 15 hrs/week for a minimum of 4 consecutive weeks or more than 60 hours over 4 consecutive weeks
- In the absence of a completed employer declaration the alternative evidence is available to support the job outcome claim
- In the case of self employment the additional evidence is available to support the job outcome claim

Signature of EF training provider..... Print name.....
 Date.....