



## Work Able Scotland

### Progression from Work Able Scotland to a sustained job/self employment/Modern Apprenticeship

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 Work Able Scotland.

#### Section 1

Customer name.....	Job title.....
NI number.....	Number of hours worked per week .....
Work Able Scotland leaving date.....	(minimum of 16 hrs/wk, with continuous employment which has lasted 26 out of 30 weeks (breaks in employment must total no more than 4 weeks) to qualify for a sustained job/self employment/MA payment)
Achievement date for sustained job/self employment/MA (within the first day after the 26 weeks and the last day of the 30 weeks)	Employer/business name .....
Service Provider name.....	Employer/business address .....
Date of entering job/self employment/MA.....	.....
	Employer/business tel no .....
	Employer/email address .....
	.....

#### Section 2

##### Declaration by employer\*

\* In the absence of a completed employer declaration alternative evidence can be used, please refer to the Work Able Scotland Rules for full details

I declare that the information supplied in Section 1 above is correct and the Customer concerned was in employment on the Achievement Date detailed in Section 1.

Signature of employer.....	Date.....
Print name.....	

#### Section 3

##### Declaration by Customer

\* In the case of self employment additional evidence is required in support of this declaration, please refer to the Programme Rules for Work Able Scotland for full details

I declare that the information supplied in Section 1 above is correct and I was employed/\*self employed on the Achievement Date detailed in Section 1

Signature of Customer.....	Date.....
Print name.....	

#### Section 3

##### Declaration by Service Provider

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

- The Achievement Date in Section 1 is correct
- The Customer was in job/self employment MA on the Achievement Date
- The job/self employment/MA is at least 16 hrs/week
- In the absence of a completed employer declaration I have the alternative evidence 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 Service Provider.....	Date.....
Print name.....	