

Employability Fund

Travel authorisation

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.

EF training provider name..... Work experience placement address.....
 Participant name.....
 Home address.....

 Type of transport Bus Train Car Taxi*
 *special circumstances only

	Daily return journey	Weekly pass
To Training Centre	£	£
To work placement	£	£
Total	£	£
Deductions		
Participant Contribution	£ 3.00	£ 3.00
Total payable	£	£

Declaration

Please note: A new form must be completed for change of circumstances.

I certify that the above information is correct. I will notify any change of circumstances as appropriate.

Participants signature..... Date.....
 Agreed EF training provider signature..... Date.....