



Employability Fund Lodgings 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..... Lodgings address.....
 Participant name.....
 Home address.....
 Length of stay at lodgings address.....

	Daily rate (maximum £35.00)*	Weekly rate (maximum £175.00)*
Cost £	£	£
Date effective	From	To
	From	To
	From	To

Declaration

I certify that the above information is correct. *The rate includes bed, breakfast and one hot meal per day. I will notify any change of circumstances as appropriate.

Participants signature..... Date.....
 EF training provider signature..... Date.....
 Print name.....

Authorisation by SDS

SDS signature..... Date.....
 Print name.....