

Employability Fund

Progression from EF to a sustained 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..... Job title.....
 NI number..... Number of hours worked per week
 EF leaving date..... (minimum of 15 hrs/wk to qualify for a sustained job/self employment payment)
 Achievement date for sustained job/self employment Employer/business name
 (26 weeks after the start date for the progression to a job/self employment payment) Employer/business address
 EF training provider name.....
 Date of entering job/self employment..... 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 EF Operating Rules for full details

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

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

Section 3

Declaration by participant

* In the case of self employment additional evidence is required in support of this declaration, please refer to the Programme Rules for EF 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 participant..... Date.....
 Print name.....

Section 3

Declaration by EF training 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 participant was in job/self employment on the Achievement Date
- The job/self employment is at least 15 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 EF training provider..... Date.....
 Print name.....