



Employability Fund Change of circumstance

This form is required to notify DWP of any change of circumstance for individuals claiming a DWP benefit.

A copy of this form must be given to the participant and their local Jobcentre and the original kept on file by the EF training provider for audit purposes.

Print and sign completed document.

Section 1 Participant details

Title Mr Mrs Ms Miss

Surname

First name

Date of birth

NI number

Job centre

Section 2 Progression within the Employability Fund

New stage

Previous stage

Date of change

Section 3 Revised completion date

The revised completion date for the above participant is

Section 4 Other changes

I wish to report the following change of circumstances in

respect of the above participant (e.g. address, change of EF training provider).

A date of change must be included for all changes

Section 5 Declaration

I certify that the information given on this form is correct to the best of my knowledge

Participant signature

EF training provider name

EF training provider's signature

Address

Print name

.....

Position in company

Tel no

Date