

# Employability Fund Progression from EF to a job/self employment

Print and sign completed document

## Section 1

Participant name ..... Date of entering job/self employment .....

NI number ..... Start and end dates for the 4 consecutive week period of employment used  
EF Training Provider name ..... as evidence to support the declarations below

EF leaving date .....

Job Title .....

## Section 2 Declaration by employer/business\*

In the absence of a completed employer/business declaration alternative evidence can be used, please refer to the EF Activity Rules for full details.

\*The employer/business is the organisation that pays the participant.

I declare that the information supplied in Section 1 above is correct and the individual concerned has been in paid employment for more than 15 hours per week for a minimum of 4 consecutive weeks or more than 60 hours over 4 consecutive weeks

Signature of employer/business ..... Employer/business address .....

Print name .....  
Date ..... Employer/business tel no. ....

Employer/business name ..... Employer/business email .....

## Section 2A Employment location

Only to be completed if the organisation that pays the participant does not directly manage the participant.

Employer/business name ..... Employer/business address .....

Employer/business tel no. ....  
Employer/business email .....

## Section 3 Declaration by participant

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

I declare that the information supplied in Section 1 above is correct and I have been employed/\*self employed for more than 15 hours per week for a minimum of 4 consecutive weeks or more than 60 hrs over 4 consecutive weeks

Signature of participant ..... Print name .....

Date .....

## Section 3 Declaration by EF training provider

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

- The date of entering job/self employment is within 26 weeks of the date of leaving EF
- The job/self employment is more than 15 hrs/week for a minimum of 4 consecutive weeks or more than 60 hours over 4 consecutive weeks
- In the absence of a completed employer declaration the alternative evidence is available 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 ..... Print name .....

Date .....