



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

Print and sign completed document.

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 (26 weeks after the start date for the progression to a job/self employment payment)	Employer/business name
EF training provider name	Employer/business address
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 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 EF Rules 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