



# Employability Fund Start/leaver notification

This form is required for individuals claiming a DWP benefit to notify DWP of a start/leaver on the Employability Fund. A copy of this form must be given to the participant and their local Jobcentre within 3 working days of both the start and end of their training, with the original kept on file by the EF training provider for audit purposes.

Print and sign completed document.

The personal information provided on this form will be retained securely in compliance with Data Protection, 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 details

Title Mr Mrs Ms Miss	Current type of benefit or allowance claimed.....
Surname.....	.....
First name.....	Job centre.....
NI number.....	Participant's signature.....
Date of birth.....	Date.....

## Section 2

### To be completed at start of programme

Stage 2 Core skills and/or employability and/or Personal development	Start date.....
Stage 3 Employability and/or Vocational Training. If vocational training, please specify industry sector	Expected end date.....
Stage 4 Pre employment training and job matching	
Please specify course.....	
EF training provider's signature.....	EF training provider name.....
Print name.....	Address.....
Position in company.....	.....
Date.....	Tel no.....

## Section 3

### To be completed at the end of training

Actual end date.....

EF training provider's signature.....

Print name.....

Position in company.....

Date.....