



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.

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

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.

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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.....

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Position in company.....

Tel no.....

Date.....