

Employability Fund Progression from EF to a job/self employment

Print and sign completed document

The personal data collected in this form is required for evidence to support an outcome claim by the named EF Training Provider. The EF Training Provider will store this information for this purpose, and SDS will have access to this information for the purposes of audit and compliance. These records will be held in line with the Employability Fund retention policy until 31 December 2029. If this date changes, SDS will inform training providers of this and will update this in the SDS privacy policy, found at www.sds.co.uk/privacy. Please visit this page on the SDS website for any other information you may require, such as your rights as an individual under Data Protection law, or how to get in contact with us for further information.

Section 1

To be completed by the EF Training Provider

Participant name..... EF Training Provider name.....
NI number..... EF leaving date.....

Section 2

To be completed by the employer/business.

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.

Employer/business name.....
Employer/business address.....
Employer/business tel no.....
Employer/business email.....

I confirm the following information in respect of the participant named in section 1.

Start date of paid employment..... If variable hours per week please enter the total number of hours worked over a 4 full consecutive weeks period.....
Job Title..... Still employed? Yes No
Hours worked per week..... If no, please enter the end date of employment.....
Employer/business contact name..... Employer/business signature.....
Employer/business position..... Date.....

Section 2A

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

Employment location

Employer/business name..... Employer/business address.....
Employer/business tel no.....
Employer/business email.....

Section 3

* 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

Declaration by participant

I confirm that the information supplied in Section 1 and 2 above is correct.

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

Section 4

Declaration by EF training provider

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

- The form has been fully completed
- The date of EF leaving date is correct and is consistent with the leaving date entered in the FIPs
- 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.....