

**PROVIDER ANNUAL CERTIFICATE OF ASSURANCE (MANDATORY DOCUMENT)**  
**1 April 2019 to 31 March 2020**

**Provider Name:**

*[Insert full name of contractor as stated in the contract ("Provider")]*

On behalf of Provider:-

1. I hereby confirm that I am, and the Provider is aware that the Provider must ensure that all claims submitted to The Skills Development Scotland Co. Limited ("SDS") pursuant to the Provider Contract for the provision of Employability Fund services must fully comply with the Employability Fund Programme Rules.
2. I confirm that the Provider has good practice management arrangements and controls in place designed to ensure that:

		Yes/No/N/A
1	All of the Provider's staff involved with the Employability Fund (EF) Programme are aware of all of the EF Programme requirements.	
2	The Provider promptly identifies and discloses to SDS any actual or potential conflict of interest.	
3	There is clear segregation of duties that provide a check that EF Programme Rules are followed.	
4	All participants are eligible for the EF Programme.	
5	All documentary evidence required to demonstrate Provider's full compliance with the EF Programme Rules is held by the Provider <b>prior to claiming funds</b> from SDS and all claims are made within the specified time restrictions. All evidence is retained for review by SDS (see attached programme rules reference for evidence requirements).	
6	The FIPS information on Participants and Placement Providers is accurate with adjustments made within one week of any change. Information on FIPS will include (without limitation) Start/Leaver details; Participant contact telephone number; Participant Email Address; Placement Provider details.	
7	The Individual Training Plan for each participant on the EF Programme reflects the qualification recorded on FIPS and details timescales for review in line with EF Programme Rules.	
8	All programme information including participant and placement provider data is stored in accordance with all applicable data protection legislation and requirements.	
<b>Insert Details Below</b>		
I draw your attention to the following matters which should be considered as they may have resulted/could result in invalid claims being submitted by Provider to SDS.		

Declaration: To be signed by SDS Contract Signatory (or equivalent)

- I will ensure that SDS is informed of any changes to these management arrangements and controls by writing to the designated SDS Skills Investment Adviser within 10 working days of each such change.
- In addition, I will notify SDS immediately where there are, in my opinion, significant matters arising including without limitation any key staff changes or other changes to Provider's business environment, which would reasonably require to be taken into account by SDS when considering any Provider claim.
- I confirm that Provider will only submit claims to SDS that fully comply with the EF Programme Rules.

NAME (print):

JOB TITLE (print)

SIGNATURE:

DATE:



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## Employability Fund Programme Rules 2019/20

### Reference to Evidence Requirements

EF Programme  
Rules  
Reference  
(Part 2)

Please note that these references may change if changes are made to the Rules, and are therefore indicative only

1	Referral documentation confirming eligibility and suitability including completed Eligibility Confirmation Form and Initial Assessment.	4.3
2	Completed Training Agreement (including Information Exchange and Co-operation Statement).	6.2
3	Completed Individual Training Plan.	5
4	Evidence confirming payment of Young Person's Allowance to the participant.	7.1
5	For EF claims for outcome funding, outcome forms are appropriately completed and signed	8
6	For EF claims for output funding, evidence from the awarding body confirming certification at the appropriate level	8

Source 2019/20 Employability Fund Programme Rules

(NB The above table of evidence does not restrict the need to hold additional information that may be referenced in the EF Programme Rules.)