



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

Date of change

Previous stage

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's signature

Print name

Position in company

Date

EF training provider name

Address

.....

Tel no