



## Employability Fund Progression from EF to Modern Apprenticeship

Please note The Skills Development Scotland Co. Ltd may contact you by telephone to verify the details below.

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.

EF training provider name.....

NI number.....

Participant name.....

### Learner declaration

I declare that I progressed into Training towards the MA qualification on ....., my learning plan has been updated to reflect this new VQ route and that I have participated in this Training for a minimum period of 4 weeks (26 weeks after the leaving date of EF).

Details of VQ now aimed for.....

Participant signature.....

VQ title.....

Date.....

VQ reference number.....

Level.....

### MA provider declaration

I declare that ..... began Training towards the above qualification (Level 2 or above) with this organisation and their learning plan and FIPS have been updated to reflect the new VQ route and they have subsequently remained in Training for a minimum of 4 weeks.

MA provider name.....

Address.....

MA provider signature.....

Print name.....

Date.....

Position.....

### EF provider declaration

I declare that the information given on this form is correct to the best of my knowledge.

EF Training provider signature.....

Print name.....

Position.....

Date.....