



Employability Fund Progression from EF to a sustained 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 the third anniversary of the 31st March following the creation of the record. 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..... Job title.....
 NI number..... Number of hours worked per week
 EF leaving date..... (minimum of 15 hrs/wk to qualify for a sustained job/self employment payment)
 Achievement date for sustained job/self employment Employer/business name
 (26 weeks after the start date for the progression to a job/self employment payment) Employer/business address.....
 EF training provider name.....
 Date of entering job/self employment Employer/business tel no
 Employer/email address.....

Section 2

Declaration by employer*

* In the absence of a completed employer declaration alternative evidence can be used, please refer to the EF Rules for full details

I declare that the information supplied in Section 1 above is correct and the individual concerned was in employment on the Achievement Date detailed in Section 1

Signature of employer..... Date.....
 Print name.....

Section 3

Declaration by participant

* In the case of self employment additional evidence is required in support of this declaration, please refer to the EF Rules for full details.

I declare that the information supplied in Section 1 above is correct and I was employed/*self employed on the Achievement Date detailed in Section 1

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

Section 4

Declaration by EF training provider

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

- The Achievement Date in Section 1 is correct
- The participant was in job/self employment on the Achievement Date
- The job/self employment is at least 15 hrs/week
- In the absence of a completed employer declaration I have the alternative evidence 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..... Date.....
 Print name.....