

## Section 1

Provider Organisation Name	Pathway Apprenticeship Leaving Date
Participant Name	N.I. Number

## Section 2: Employer Declaration

the employer is who pays the individual

Employer Company Name	Employer Contact Name
Employer Contact Number	Position in Company
Employer E-Mail Address	

I confirm the following information in respect of the individual named in Section 1:

Start date of paid employment in this company	Hours worked per week *if hours are variable and less than 15 hours per week, please calculate the total hours worked over a 4 week consecutive period
Is this individual still employed by you? Yes          No	If No, please note the date they ended their employment
Employer contact signature	
Date	

## Section 3: Participant Declaration

I confirm that the information in Section 2 is correct:

Participant signature	
Date	

## Section 4: Provider Declaration

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

- This form has been fully completed
- The date of leaving PA is correct and is consistent with the leaving date entered to FIPS
- The date of entering employment is within 26 weeks of the date of leaving PA
- \*The employment is a minimum of 60 hours over 4 consecutive weeks

Provider contact name	
Provider contact signature	
Date	