



CONTRIBUTION TO WAGE COSTS CLAIM FORM

**Skills
Funding
Agency**

About the employer and training provider

Employer company name (legal name) <input type="text"/>	Employer ID <input type="text"/>
Contact name (if different) <input type="text"/>	Position in Company <input type="text"/>
Employer address <input type="text"/>	Phone number <input type="text"/>
Postcode <input type="text"/>	Email <input type="text"/>
Training provider name <input type="text"/>	

The following employees have successfully completed their Train to Gain training:

Employee name	Learning hours	Hourly rate	Claim amount
1		£	£
2		£	£
3		£	£
4		£	£
5		£	£
6		£	£
7		£	£
8		£	£
9		£	£
10		£	£
Total			£

Employer additional information

I confirm the above information is a true representation of the actual time the trainer/assessor has spent with the employees listed, at their normal place of work and during normal working hours. I confirm this claim does not include any time spent by the employee in their own time, completing additional work or preparing their portfolio of evidence. I confirm that the hourly rate is correct and this rate can be supported by payroll or other accounting records held by me. Their course of study is eligible for Train to Gain Contribution to Wage Costs and the employees achieved their qualification

I understand that the Skills Funding Agency or other relevant bodies may inspect these records at any time.

Employers signature <input type="text"/>	Position in company <input type="text"/>
Date <input type="text"/>	

What do next

Please return this form to your Business Link service and keep a copy for your own records.

Please make sure you send us a valid Release Hours form (SFA-P-NAT-100004) and completed Employer Organisational Details form when submitting your claim.

Train to Gain is a Skills Funding Agency Service • Contribution to Wage Costs is offered under this service