



CONTRIBUTION TO WAGE COSTS
CONFIRMATION OF EMPLOYEES' TOTAL RELEASE HOURS AND QUALIFICATIONS ACHIEVED



Completing this form

Only complete this form if you are a training provider. Make sure the form is signed by the training provider, the employer and all employees. All parts of the form must be completed, otherwise claims cannot be processed.

What to do next

Employer –submit a copy of this form to your Business Link service together with your claim form for Contribution to Wage Costs. Retain a copy for your records.
 Training Provider – submit a copy of this form to the Business Link service, and retain a copy for your records.

About the training provider, the employer and the employees

Training provider's details

Training provider's name

UPIN

LSC Code

Employer's details

Employer's name

ID

Post code

Employee's name	Qualification achieved Give title and LAD reference	Level	Date training started	Date training ended	ILR Reference	Total release hours*	Employee's signature	Date
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* Please enter actual contact hours with training provider during normal working hours

Total hours eligible for a contribution

Declaration

I confirm that the above information is correct and that supporting documentation is available on request.

Training provider's signature

Date

Name

Position in company

Employer's signature

Date

Name

Position in company