

**Appendix 4**

**Employability Skills Programme (ESP): evidence of employment**

**Details of ESP participant [to be entered by the provider]**

Full name .....  
Address .....  
.....Postcode.....  
Date completed ESP.....  
Employer organisation .....

**Employer declaration**

I declare that I have employed .....  
[enter name of employee] in full-time work of more than 16 hours a week for  
the period from .....to .....which is of at least  
four weeks duration<sup>1</sup>.

Full name .....  
Address .....  
.....Postcode.....  
Date .....Signature .....

Business stamp



**Self-employment**

I declare that I have been self-employed as [enter business name/trade etc]  
.....full-time for more than 16  
hours a week for the period from.....to.....which is of at  
least four weeks duration.

Date.....Signature.....

Details of evidence submitted<sup>2</sup> that should be copied and attached:

.....  
.....

**Provider declaration**

I declare that I have checked that the date that employment/ self employment  
started was within 13 weeks of the end of the ESP training period.

Date.....Full name [print].....

Signature.....

<sup>1</sup> LSC auditors may request access to payroll records or otherwise check with the employer organisation to verify this declaration.

<sup>2</sup> For example Business Link documentation (if a grant had been applied for); Inland Revenue documentation; Business bank account details or Vat Registration