

Training Offer for those Unemployed for 6 months: Provider Guidance Evidence of employment with continuing training

Details of Participant in the above training offer [to be entered by the provider]

Full name

Address
.....Postcode.....

Date completed Programme Provision

Employer organisation

Employer declaration

I declare that I have employed
[enter name of employee] in full-time work of at least 16 hours a week for the period from
.....towhich is of at least four weeks duration¹.

Full name

Address
.....Postcode.....

DateSignature

Business stamp

Self-employment

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

Details of evidence submitted² that should be copied and attached:

.....
.....

Provider declaration

I declare that the employee named above is continuing training supported under the ALR / ER
funding streams³ from[enter date]⁴ as follows [enter details of qualification
and level] with [enter provider details if not as below]

Provider name

Provider address Postcode

Date Full name [print] Signature

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

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

³ Delete whichever does not apply

⁴ This date must be within 13 weeks of the end of the initial training period