

Response to Redundancy Programme Provider Guidance Annex A – Evidence of employment with training

Details of Response to Redundancy participant [to be entered by the provider]

Full name
Address
.....Postcode.....
Date completed Response to Redundancy Programme.....
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
fromtowhich 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 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 submitted² 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 Response to Redundancy training period.
Date.....Full name [print].....

Signature.....

¹ Skills Funding Agency 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
Response to Redundancy Programme
Provider Guidance Annex A v4.0