Training offer for those Unemployed for 6 months: Provider Guidance
Evidence of Employment

1. Employee declaration

I declare that I have been employed by ………………………………………
[enter name of employer] in full-time work of at least 16 hours a week for the period
from …………………………… to ………………………………… which is of at least
four weeks duration and I have supplied the evidence requirements as described in 2
below.

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

2. Provider declaration

I declare that I have seen the following evidence that [enter name of
employee]…………………………….. has been in full-time work of at least 16
hours a week for the period from \(^1\) …………………………… to
………………………………… which is of at least four weeks duration:

- Actual payslips covering 4 weeks in work; and
- A contract of employment relating to the employer named in 1 above.

I declare that the employee named above is continuing training supported under the
Adult Learner Responsive / Employer Responsive funding streams \(^2\) from
…………………………….. [enter date] \(^3\) as follows [enter details of qualification and
level]………………………………………………………………
with [enter provider details if not as below]……………………………………..
……………………………………………………………………………………
Full name ………………………………………………………………………
Name of Provider………………………………………………………………
Address ………………………………………………………………………
……………………………………………………………………………………
……………………………………………………Postcode……………………
Date …………………………………………..
Signature ………………………………………..

Business stamp

\(^1\) This date must be within 13 weeks of the date of the end of the initial training period
supported under this offer.
\(^2\) Delete whichever does not apply
\(^3\) This date must be within 13 weeks of the end of the initial training period.