Annex CC

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 from¹ 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 streams² 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.