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
.................................................. to ........................................which is of at least four weeks duration.
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 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 submitted that should be copied and attached:
...........................................................................................................................
...........................................................................................................................

Provider declaration

I declare that the employee named above is continuing training supported under the ALR / ER
funding streams from ...........................................[enter date] 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
declaraton.
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

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