

**Employer Declaration of Apprentice’s Eligibility**

Employing organisation:

Apprentice(s):

Programme:

By signing this form, you confirm that, to the best of your knowledge and belief, having taken all reasonable steps to check the eligibility\* of the apprentice(s) above as required by the ESFA, the following are true and correct at the date of signing.

* The apprentice is eligible to be enrolled on the apprenticeship
* The apprentice has sufficient time to complete the apprenticeship
* The apprentice spends at least 50% of their working time in England
* The apprenticeship will be completed within working hours
* The apprenticeship offers substantial new skill/learning for the apprentice
* The apprentice will be paid in line with the national minimum wage

The employer is aware they will receive a payment (£1000) towards the additional cost associated with training an apprentice that is either:

* Aged between 16 and 18 years old.
* Aged between 19 and 24 and has either an Education, Health and Care (EHC) plan provided by their local authority or has been in the care of their local authority.

**To the best of your knowledge, the above apprentice(s) is/are eligible for the Programme and ESFA funding in accordance with ESFA and University eligibility criteria as set out herein and on the University website and relevant ESFA funding rules and regulations.**

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| --- | --- |
| Employer representative name |  |
| Employer representative job title |  |
| Signature |  |
| Date |  |

\*As defined in the <https://www.gov.uk/guidance/apprenticeship-funding-rules>