

## SELF-DECLARATION OF ELIGIBILITY FOR A FUNDED PROGRAMME

### Prior Qualifications

The Train to Gain Service, Apprenticeships and ESF Funding is designed to raise the skill levels of people to benefit themselves, employers and the wider community. The Government chooses to prioritise its investment. Please complete this form to ascertain your eligibility onto a funded programme. You must tell us about all of your existing qualifications – those that you already have and those that you are currently studying for. This list shows equivalent qualification levels, but is not exhaustive.

School / College Qualifications	Equip Level	Vocational (work-related) Qualifications	Equip Level
5 GCSEs (Grades A* - C) or '0' Levels	2	BEC General Certificate / Diploma with Credit	2
		HND / HNC	3 & above
5 CSE Grade 1s	2	Edexcel / BTEC 1 <sup>st</sup> Diploma of higher	2
		C & G Higher Operative or Craft	2
1 or more 'A' Levels	2	GNVQ Intermediate or higher	2 & above
		NVQ Level 2, 3 or 4	2 / 3 / 4
2 AS Levels	2	Access course	3 & above

Please indicate what qualifications you have completed in the past. Where you have no previous qualifications please state “None”.

Details of Qualification completed or currently undertaking (for example – Title, Module Names, Awarding Body, Institution)	Date Qualification completed (date or year if exact date unknown)	Level Achieved (eg Grade – A, B, C, L1, L2, Intermediate, Advanced)

For Key, Functional and Basic Skills copies of certificates less than 3 years old need to be provided within 4-weeks of the programme start date.

		Admin Box (Funding Type)
Title & Level of <b>Qualification to be Undertaken now:</b>		
Title & Level of <b>Highest Existing Qualification:</b>		

Complete eligibility below for programme to be delivered:

ELIGIBILITY FOR TRAIN TO GAIN / ESF			(Please tick Yes or No as applicable to EACH statement)	
	Yes	No		
I am or will be aged 19 or more on the day training starts.				
I can confirm that I am Employed and have a Contract of Employment.				
I am Self Employed (since ..... month / year) and I have registered my self-employment with the HM Revenue and Customs.				
I can confirm that I am a Volunteer and receive no payment for the work undertaken other than incurred expenses where payable.				
I am not currently on the New Deal Programme or any other government funded training.				
I am normally and lawfully resident in the UK and Islands (this is, including the Channel Islands and the Isle of Man), or any EU Country and have been for the last 3 years, or I fulfill the residency criteria detailed in the LSC Learner Eligibility Guidance 2008/2009.				

ELIGIBILITY FOR APPRENTICESHIP			(Please tick Yes or No as applicable to EACH statement)	
	Yes	No		
I am or will be aged 16 or more on the day training starts.				
I can confirm that I am Employed and have a Contract of Employment.				
I am not currently on the New Deal Programme or any other government funded training.				
I am working a minimum of 16 hours per week.				
I am working more than 30 hours per week (optimum preferred by SFA).				
I am normally and lawfully resident in the UK and Islands (this is, including the Channel Islands and the Isle of Man), or any EU Country and have been for the last 3 years, or I fulfill the residency criteria detailed in the LSC Learner Eligibility Guidance 2008/2009.				

**Declaration**

**Learner**

'I confirm that all the personal information on this form is correct and I declare that I have correctly identified my prior qualification SFA in England. I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided'.

Learner Name (Print)	Learner Signature	Date

**Employer**

'I confirm that, to the best of my knowledge, the information on this form is correct and that the learner is undertaking the appropriate qualification aim(s). If the above named learner is employed by me, I declare that they have a contract of employment. If the above named learner is a volunteer within my organization, they are unpaid. If the above named learner is undertaking Units/Thin qualifications, I declare that I am an SME employer in the private or third sector'.

Employer Name (Print)	Employer Signature	Date

**Provider**

'I confirm that the information on this form is correct and I declare that I have supported the learner in the completion of this document and to the best of my knowledge, the above named learner is eligible to enter Train to Gain. I have seen evidence to support the residency criteria (where applicable)'.

Provider Signature	Date



**Employer Details**

Please provide the following details about your Employer:

Name & Address of Employer	Main Contact	Type of Business	No of Employees
	Name: (Print)		
	Telephone No:		

		Email Address:	