

# Employer declaration form

This form should be completed by employers who are making claims for the T Level industry placement incentive fund. This will need to be counter signed by the your provider on receipt to validate this claim.

By completing this form, you are declaring that the information you provide is:

* complete
* accurate
* true to the best of your knowledge and belief.

## Section 1 – Employer details

|  |  |
| --- | --- |
| **Name of employer** |  |
| **Address**  This is the location where the learners will be completing most of their placement hours. |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Number of industry placements funded** |  |
| **Start date of placements** |  |
| **Total amount being claimed** | £ |

### What size is the employer?

Tick one option.

Self-employed or sole trader (a business run by one self-employed person)

Micro (0 to 10 employees)

Small (11 to 50 employees)

Medium (51 to 249 employees)

Large (250 or more employees)

## Section 2 – Evaluation

Department for Education (DfE) will be carrying out an evaluation of the T Level industry placement incentive fund.

### Has the incentive payment helped you make a decision to offer an industry placement?

Tick one option.

Yes

No

Do not know

### Can we contact you to find out more about how the additional funding has helped you to offer an industry placement?

This will be part of a small-scale evaluation of the impact and effectiveness of the T Level industry placement employer incentive fund. We may contact you for a short follow-up conversation about your experience of using the fund.

Tick one option.

Yes

No

## Section 3 – Provider details

|  |  |
| --- | --- |
| **Name of provider** |  |
| **Main contact at provider** |  |
| **Email address of main contact at provider** |  |

## Section 4 – Signatures

By signing this form I confirm all of the following:

* I will provide a T Level industry placement which meets the standards set by my provider.
* The industry placement will have a start date date between XX May 2021 and 31 July 2022.
* I have read and understood the employer eligibility criteria for making industry placement incentive fund claims.
* I will not claim for more than 20 placements between XX May 2021 and 31 July 2022. I understand that if I claim for more than 20 placements, DfE may ask for the extra funds to be repaid.
* If I am no longer able to offer a placement, I may be asked to repay incentive payments funds I have already received for that placement.

### Employer signature

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Signature** |  |
| **Date (DD/MM/YYYY)** |  |

### Provider signature

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Signature** |  |
| **Date (DD/MM/YYYY)** |  |

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