

## CONTRIBUTION TO WAGE COSTS

### CONFIRMATION OF EMPLOYEES' TOTAL RELEASE HOURS AND QUALIFICATIONS ACHIEVED



#### Completing this form

Only complete this form if you are a training provider. Make sure the form is signed by the training provider, the employer and all employees. Please note that you have to complete all questions on this form, or we will not be able to process your claim.

#### What to do next

**Employer** – submit the top page of this form to your Skills Broker together with your completed claim for a contribution to wage costs. Make sure you keep a copy for your own records.  
**Training provider** – submit the second page of this form to your Skills Broker and keep a copy for your own records.

#### About the training provider, the employer and the employees

##### Training provider's details

Training provider's name	UPIN	LSC code
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Employer's details

Employer's name	ID	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Employees taking part in training

Employee's name	Qualification achieved Give title and LAD reference	Level	Date training started	Date qualification achieved	ILR reference	Total release hours*	Employee's signature	Date
			/ /	/ /				/ /
			/ /	/ /				/ /
			/ /	/ /				/ /
			/ /	/ /				/ /
			/ /	/ /				/ /

\* Please enter actual contact hours with training provider during normal working hours.

Total hours eligible for a contribution	<input type="text"/>
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#### Declaration

I confirm that the information above is correct and that supporting documentation is available on request.

Training provider's signature	Date	Name	Position in company
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's signature	Date	Name	Position in company
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

