



Department
for Education

**This document has been
withdrawn as it is out of
date.**

Employer Support Fund – Guidance for Completing a Declaration Form

What is the Declaration Form?

The Declaration Form is a mandatory part of an Employer Support Fund submission that sets out the details of the Employers' actual and specific needs stated for the delivery of the industry placement. The Declaration Form is required to be submitted alongside a submission through the Employer Support Fund Pilot Tool. It should outline the specific costs to a maximum of £750 per industry placement and a maximum of 10 learners per Employer.

Who is the Declaration Form for?

The Declaration Form is for the provider to fill out and sign but also requires the Employer to provide details of the types of costs associated with the delivery of the industry placement. The Employer is also required to sign this form.

What is the purpose of the Declaration Form?

The purpose of the Declaration Form is to verify the accuracy of the information given by the Employer for the actual and specific costs of hosting an industry placement. The Declaration Form will contain a confirmation and warranty that the Employer will not spend any of the funding on costs that are not Eligible Costs.

The name of the post-16 institution that the student(s) is studying at

The name of the employer that the student(s) will be completing the placement with

The number of students completing an industry placement with the employer in question

Declaration of Compliance with conditions for award of employer support funding for training aid under Article 31 of the EU General Block Exemption Regulation

Grant Reference: Employer Support Fund Industry Placement Scheme Grant
Name of Employer: [] ("we/us/our")
Name of Provider: [] ("you/your")
Number of Industry Placements: []
Maximum amount of Grant: £[] (the "Grant")

The amount of funding (up to £750 per student) that is being paid to the employer. So, for example, if you have 4 students on placement, here you would put £3000 if the total amount is being claimed.

1. We (the Employer named above) are very pleased to have the opportunity to take part in the Employer Support Fund Pilot for Students attending your [] courses in Academic Year 2019/2020 in the [] Routes. We have agreed to do this in light of receiving the extra financial support you have offered to us from the newly established Employer Support Fund in the form of a grant for training aid to cover some of our additional and tangible costs in setting up and hosting the placements ("the Grant").
2. We understand that the Grant (payable up to the maximum amount set out above) is to be paid as training aid as defined in Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (known as the General Block Exemption Regulation) (referred to as the "GBER") and/or any corresponding UK legal provisions.
3. We agree to be bound by the conditions laid down by Article 31 GBER and the General Conditions.
4. We agree only to use the Grant to contribute to some of the eligible costs permitted by Article 31(3) GBER as defined in paragraph 10 below, that we incur as part of the training that we have agreed with you to provide to the Students who have signed up with us to do an Industry Placement.
5. We confirm that due to the additional costs of delivering the Industry Placements it would not be commercially viable for us to offer Industry Placements without the Grant and that the availability of the Grant was a material consideration for us in accepting to take part in the Employer Support Pilot.
6. We confirm that as of this date we honestly and to the best of our knowledge and belief do not expect the amount of public funding (including the Grant) that we may receive for the Industry Placement scheme that we have agreed to operate to exceed:
 - a. €2m (two million Euros) in total; and/or
 - b. 60% of our total eligible costs of providing the Industry Placements (the maximum aid intensity).
7. The following conditions apply to the Grant:

What technical route / occupational area will the student(s) being working in? E.g. Creative, Digital

What course is the student(s) enrolled in

Please note:, do not write down the Employer's banking details anywhere on this form. This is a breach of GDPR.

Definition of each Category of Cost:

Administrative Costs – the direct costs incurred by the Employer in connection with the setting up of systems to deliver the industry placement. This can include the cost of setting up or enhancing internal IT and organisational systems to support delivery.

Training Costs – the direct costs of training staff to develop their knowledge and build their confidence in offering and delivering high-quality industry placements. This may include training for line managers in mentoring and working with learners and providing them with the practical skills to deliver high quality industry placements and effective training to learners.

Tangible Costs – Employers' and learners' operating costs directly relating to the industry placement such as equipment, materials and supplies, to the extent that they are used exclusively for the industry placement.

Covid-related spending costs – Employers' and learners' operating costs directly relating to the industry placement, where the affects of Covid-19 have meant these costs have been incurred. This could include PPE, or additional IT equipment, to the extent that they are used exclusively for the industry placement (to avoid student's or employee sharing equipment)

Please complete table below:

Category of cost	Specific item(s)	Students / Cost (£)										Total	
		1	2	3	4	5	6	7	8	9	10		
Administrative													
Tangible													
Training													
Covid-related spending													
	Total												

Name the specific items within each category of cost that are being funded

If more than one student is completing a placement with the same employer, please fill out one column per student

Please ensure you total the costings in each column (i.e. for each student)

Give the total for each row (Administrative / Tangible / Training costs) and then give the cumulative total of these costs in the bottom right box. If you overspend and the employer covers the remainder over £750 then please specify this in the total box for whichever category it applies to.

INFORMATION TO BE COMPLETED BY EMPLOYER

	Information required	Information provided
1	Name and size of undertaking ²	
2	The location of the Employer	
3	The type (sector or industry) of the Employer	
4	Turnover of Employer (including any group companies) in last financial year	
5	Number of employees (total for Employer/group)	
6	Description of the role of the student on placement	
7	Start and end dates of placement	
8	Location of the Industry Placement	
9	Costs to be claimed (by category) <i>Please ensure that only allowable costs are claimed as set out in paragraph 8.</i>	
10	Type of aid (grant, loan, guarantee, repayable advance, equity injection or other)	Grant
11	Employer email address	
12	Employer contact telephone number	

The department has appointed a third-party organisation to carry out an evaluation of the pilot to inform their thinking on whether there is a need for future employer financial support to enable placements to happen at scale. This organisation may be in touch to explore how the additional funding provided has helped you to offer an industry placement. **Please tick here if you would prefer not to be contacted by this organisation.**

Please ensure that you have read the text in relation to this tick box. If you would prefer not to be contacted as part of an evaluation of the pilot, please tick the box.

- 1. Name and Size of Undertaking:** ‘Undertaking’ means the beneficiary of the Grant (the Employer) and any partner enterprise or linked enterprise (as defined in Annex 1 to the GBER). Please enter the name of the Employer hosting the student(s) and the size of the organisation e.g. micro, small, medium, large.
- 2. Location of the Employer:** Full address of employer’s head office, including postcode.
- 3. The type (sector of industry) of the Employer:** This should state what sector of industry the Employer specialises in.
- 4. Turnover of Employer (including any group companies) in the last financial year:** This should state the turnover of the Employer in the last financial year.
- 5. Number of employees:** This should state the number of employees that are currently contracted to the Employer (including those on a temporary basis).
- 6. Description of the role of the student on placement:** This should be a short description of the various roles that the student will complete whilst on an Industry Placement with the Employer.
- 7. Start and End Dates of the Placement:** This should contain both the start and end date of the placement. If there is no end date yet confirmed, please put TBC or ongoing.
- 8. Location of the Industry Placement:** Full address of the main site location where the student will be undertaking their placement.

9. **Costs to be claimed (by category):** Please provide the breakdown of total costs by category (Tangible, Administration and/or Training costs) here rather than the entire total e.g. Administration (£450) + Tangible (£300).
10. **Type of Aid (grant, loan, guarantee, repayable advance, equity injection or other):**
This is prepopulated for you as the type of Aid is a Grant.
11. **Employer email address:** The email address of the main employee who will be contacted, not specifically the business email address.
12. **Employer contact telephone phone number:** The telephone number of the main employee who will be contacted, not specifically the business telephone number.

Signed by a duly authorised representative of the Employer, for countersignature by the Provider, on the dates given below:

Employer name	Employer Signature	Date
<i>Name of person authorised to sign on Employer's behalf</i>	<i>Signature of authorised signatory</i>	<i>Date of signature</i>
Provider name	Provider Signature	Date
<i>Name of person authorised to sign on Provider's behalf</i>	<i>Signature of authorised signatory</i>	<i>Date of signature</i>

Please ensure this is fully completed by the person authorised to sign on the Provider's behalf. We cannot accept the Declaration Form if either the name, signature or date is missing.