

# Employer declaration form

This form should be completed by employers who are making claims for the T Level Industry Placement Employer Support Fund (ESF). The fund is available for the 2025 to 2026 financial year to support T Level industry placements starting on or between 23 April 2025 and 31 March 2026. The following employers are eligible to claim from this fund:

* employers of all sizes delivering industry placements in the Construction   
  T Level route
* employers of all sizes delivering industry placements for the Health T Level
* SMEs delivering industry placements for all other T Levels

For further guidance on the fund, see [employer support fund for T Level industry placements](https://www.gov.uk/government/publications/employer-support-fund-for-t-level-industry-placements/employer-support-fund-esf-guidance-for-providers-and-employers).

Employers supporting students from more than one provider must complete the employer declaration form for each provider from which they are requesting T Level funding. Claims must not be duplicated across providers. The Department for Education (DfE) will carry out spot checks to ensure this requirement is being followed. Each form must be:

* complete, accurate and true to the best of their knowledge
* emailed with the original receipts to the provider
* checked and countersigned by the relevant provider to validate the claim
* uploaded by the provider to the online claims tool, which will be available in early September 2025, along with all supporting receipts or invoices

## Section 1 – Employer details

|  |  |
| --- | --- |
| **Name of employer** |  |
| **Companies House ID (optional)** |  |
| **Postcode** |  |
| **Email** |  |
| **Employer size**  Refer to the size of the whole business or organisation | Tick one option.  Self-employed or sole trader (a business run by one self-employed person)  Micro (0 to 9 employees)  Small (10 to 49 employees)  Medium (50 to 249 employees)  Large (250 or more employees) |

## Section 2 – Essential costs

You need to:

* group the costs by T Level pathway (see the [list of subjects](https://www.tlevels.gov.uk/students/subjects))
* clearly state how many students are being supported by this claim
* specify the item(s) purchased and the cost of each item

If you are making claims for multiple T Levels, copy and paste the tables below to repeat the process.

|  |  |
| --- | --- |
| **T Level** | **Number of students supported by  this claim** |
|  |  |
| **What was purchased?**  List each item in a separate box. If you bought more than one of the same items, write the quantity next to it (for example, if you purchased two laptops, write ‘2 laptops’) | **Total cost (£)**  List the total cost of the items or services purchased |
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|  |  |
| --- | --- |
| **T Level** | **Number of students supported by  this claim** |
|  |  |
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## Section 3 – Provider details

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| **Name of provider** |  |
| **Name of the main contact for the provider** |  |
| **Email address of the main contact at provider** |  |

## Section 4 – Declaration and signatures

By signing this form, I confirm the following:

* I have read and understood the employer eligibility criteria for making claims and will provide a T Level industry placement that meets the standards set out in [DfE guidance](https://www.gov.uk/government/publications/employer-support-fund-for-t-level-industry-placements/employer-support-fund-esf-guidance-for-providers-and-employers).
* The industry placement hours I am delivering will have a start date between 23 April 2025 and 31 March 2026.
* I will claim only for essential costs incurred in delivering a T Level industry placement(s). These claims are supported by necessary receipts, and I will provide further evidence if requested to demonstrate what the funds were spent on.
* I understand that DfE will carry out spot checks on the information I have provided, as part of a quality assurance process. I must therefore keep all relevant proof of payments or any other relevant records.
* If I am no longer able to offer a placement, I understand I may be asked to repay support payment funds I have already received for that placement, depending on the circumstances.

### Employer signature

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

### Provider signature

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

## Section 5 – Evaluation

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

This will be part of an evaluation of the impact and effectiveness of the Employer Support Fund. We may contact you for a short follow-up conversation about your experience of using the fund.

Tick one option.

Yes

No

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