

APPRENTICESHIP CERTIFICATE

Issue Date:

Please complete with name and address

Property Address (if different to mail address)

Account Ref:

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER OF THE APPRENTICE NAMED BELOW

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|---|--|
| Name of Apprentice: | |
| Address: | |
| The Apprenticeship commenced on: | |
| The Apprenticeship is expected to end on: | |

I certify that the above named Apprentice is:

1. Employed to learn a trade, a business, a profession or vocation.
2. Is receiving training leading to a qualification accredited by the Qualifications and Curriculum Authority.
3. Receives a salary or allowance (or both) which are in total less than £195.00 gross per week (before deductions). **You will also need to provide a payslip as evidence.**
4. Can expect to earn substantially more when they are qualified.

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|---|--|
| Signed: | |
| Print Name: | |
| Position in Company: | |
| Company Address: | |
| Company Stamp (Please send company compliments slip if no stamp) | |
| Telephone Number: | |