

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

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.

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