

Appendix 2b – Self Declaration Verification Template

To:	From:
	In the event of query contact <input style="width: 100%;" type="text"/> Telephone <input style="width: 100%;" type="text"/>

Thank you for taking the time to complete this form. We need some information about your employment.

Part 1: Your Details

First name(s): <input style="width: 95%;" type="text"/>	Surname: <input style="width: 95%;" type="text"/>												
NI number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													

Part 2 : Employment Details

The name of the company I work for: <input style="width: 95%;" type="text"/>	Employers address: <input style="width: 95%; height: 60px;" type="text"/>												
Name of employer contact: <input style="width: 95%;" type="text"/>													
Employer contact telephone number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													
Date the job started	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												
The minimum number of hours worked per week	<input style="width: 50px;" type="text"/> Per week												
I have been employed for 26 weeks within the 30 weeks since the date the job (Please tick box) started.													
	<input style="width: 40px; height: 20px;" type="checkbox"/>												

Part 3: Declaration

My name (please print): <input style="width: 95%;" type="text"/>	Signature: <input style="width: 95%; height: 40px;" type="text"/>																		
Telephone number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>						

Please return this form to the address detailed at the top of the page and enclose a copy of your contract of employment or, copies of pay slips relating to your employment period

Thank you for your assistance.

