



Unemployment Status Declaration

Student name:

Employment Service
Provider:

Employment Service
Provider Organisation ID:

Employment Service Provider
Client ID for Student:

Referral ID Number:

Length of Period Student
Has Been Unemployed:

Months:

Days:

Name of Employment
Services Consultant/ Case
Manager:

Please tick one of the following:

- The student has been
unemployed for:
- Less than 12 months**
- More than 12 months**

I declare the above details to be correct and the student is long-term unemployed and will benefit from this training program.

Signature:

Name:

Date: