

Form 13

Employer Recruitment Support 13 Week Claim Form

Use this form to claim your contribution towards wages



Llywodraeth Cymru
Welsh Government

Do you need help
with recruitment
and training?

The answer is
Access.

Access

Participant Name:

Participant Number:

For office use only

Access | Section 1 - Employer's Details

Complete this form 13 weeks after your employee has started work. Complete clearly in black ink. Do not use correction fluid. Any mistakes should be crossed out and your initials placed next to the correction. We cannot accept photocopied forms but printed PDFs are acceptable.

Section 1 - Employer's details

Business name: _____

Contact name: _____

Address: _____

Postcode: _____

Telephone number:

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Employer's Bank e.g. Barclays: _____ Branch: _____

Account name e.g. Company Ltd: _____

Sort code:

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Account number:

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Access | Section 2 - Employee's Details

Complete this form 13 weeks after your employee has started work. Complete clearly in black ink. Do not use correction fluid. Any mistakes should be crossed out and your initials placed next to the correction. We cannot accept photocopied forms but printed PDFs are acceptable.

Section 2 - Employee's details

Employee's name: _____

National Insurance number:

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Start date of employment:

d	d	m	m	y	y	y	y
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13 week measurement date:

d	d	m	m	y	y	y	y
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Record of Changes: Please use the space below to record any changes e.g. increase/decrease in salary, periods of absence or promotion which have occurred during weeks 1 to 13 of employment.

Access | Section 2 - Employee's Details

Complete this form 13 weeks after your employee has started work. Complete clearly in black ink. Do not use correction fluid. Any mistakes should be crossed out and your initials placed next to the correction. We cannot accept photocopied forms but printed PDFs are acceptable.

Number of hours worked each week over the 13 week period. Please complete.

- Periods of **paid** annual or sick leave should be included.
- In cases where there have been periods of **unpaid** annual or sick leave, please contact the Access Team on **03000 259037** for advice on how to complete this form.

Week:	Calendar week ending (dd/mm/yyyy):	Hours worked:
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		
Week 13		

NB: the level of the financial contribution towards wages depends on the number of hours worked by your employee each week. A **reduction** in the number of hours worked may result in a reduction in the contribution towards wages.

Access | Section 3 - Salary

Complete this form 13 weeks after your employee has started work. Complete clearly in black ink. Do not use correction fluid. Any mistakes should be crossed out and your initials placed next to the correction. We cannot accept photocopied forms but printed PDFs are acceptable.

Section 3 - Salary/contribution details

A **Total Gross Salary Costs** for weeks 1 to 13 of employment (this figure must include any overtime or allowances paid to your employee; please do not include any expenses e.g. travel expenses paid to your employee).

£

B **Employer Pension Contributions** for weeks 1 to 13 weeks of employment.

£

TOTAL PAID A + B

£

DON'T FORGET. Evidence of being paid by wage slips you will need to ensure that it covers the measurement date (claim period). We are unable to consider claims where the employee has been paid in cash or by cheque.

Section 4 - Evidence details

Please enclose **all** of the following:

- ☐ 1. P11(or equivalent payroll provider reports) to cover weeks 1 to 13 of employment
- ☐ 2. Payslips to cover weeks 1 to 13 of employment

*If your business does not pay employees via BACS but uses an alternative electronic method of payment e.g. direct debit, please ensure that the evidence you provide shows this.

Please ensure that copies of documents submitted with this claim form are true copies of the original documents. Ensure you certify that you have seen each original document and that they are true copies.

Please use the certification document on the last page.

N.B. Failure to provide this evidence will delay the consideration of your claim.

Section 5 - Employer's declaration

- I confirm that the information I have provided on this form is correct and that I understand that you may withdraw or reclaim funding if I provide false information.
- I confirm that the employee named in this claim form did not start employment before my application for a wage subsidy was approved.
- I confirm that the employee named in this claim form continues to meet the conditions of the Access programme.
- I confirm that the employee named in this form has been employed by my organisation for the period covered in this claim.
- I confirm that the information I have provided accurately reflects any changes to the information provided on the Access Application Form.
- I understand that payment will be made as follows:
 - **£750** and confirm that the employee named at Section 1 has worked for a minimum of 25 hours each week between the dates provided in Section 2, **OR**
 - **£375** and confirm that the employee named at Section 1 has worked for between 16 and 24 hours each week between the dates provided in Section 2.
 - I confirm that the information I have provided about the costs I have incurred in employing the Access-funded employee named on this form for weeks 1 to 13 of this employment is accurate and I understand that this is my contribution to this European funded project.
- I confirm that copies of documents submitted with this claim form are true copies of the original documents. I have signed each document to certify that I have seen the original document and that it is a true copy.
- **I confirm I have read and signed the Privacy Notice at page 9.**

Name (BLOCK CAPITALS): _____

Job title: _____

Signature: _____

Date:

d	d	m	m	y	y	y	y
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Section 6 - Employee's declaration

- I confirm that I have been employed by the employer named on this form for the period covered in this claim.
- I confirm that I have received wages from the employer named on this form for the period covered in this claim.
- I understand that any incorrect information provided will result in the claim being rejected.
- **I confirm I have read and signed the Privacy Notice at page 10.**

Name (BLOCK CAPITALS): _____

Job title: _____

Signature: _____

Date:

d	d	m	m	y	y	y	y
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Privacy Notice - Employer and Employee

In order for you to receive support from the Welsh Government funded Access programme the Welsh Government is required to collect information from you. All fields are mandatory unless otherwise stated. All information you provide will be stored and used in accordance with the Data Protection Act.

Under the Data Protection Act 1998, you have a right to access the data the Welsh Government holds about you and to correct the information in the future. For further information please e-mail accessprogramme@gov.wales or call **03000 259037**. For more detail on the above, please visit <http://gov.wales/about/civilservice/how-we-work/facts-figures/privacystatement/?skip=1&lang=en>

This privacy notice sets out how the information will be used and who will have access to it. The information collected will be sent to the Welsh Government/Welsh European Funding Office, and in some instances to parties working on their behalf, and used in the following ways:

- To monitor and report on the number of people taking part in projects and the number of people from different groups being supported (e.g. different ages, genders and ethnicities).
- By the Welsh Government and other public bodies, to carry out the funding, planning, monitoring and inspection of learning, and to produce statistical publications.
- By approved social research organisations, to carry out research, analysis or equal opportunities monitoring.
- By auditors.
- To link your records to other data sources for the purpose of evaluating the impact the project has had on the people who took part and for other research.

Research organisations will only contact a sample of participants. If you are contacted to take part in any research/evaluation about your experience on the project the purpose of the interview or survey will be explained to you and you will be given the option to say yes or no to taking part. Your contact details will only be used for approved research purposes and in accordance with the Data Protection Act. The research organisations will delete your contact details once this approved research is complete. By signing this form you are consenting to your information being used in the ways set out above.

The information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment in future. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by contacting Data.ProtectionOfficer@gov.wales

Employer's Name

(BLOCK CAPITALS):

Job title:

Signature:

Date:

d	d	m	m	y	y	y	y
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Access | Privacy Notice

Employee's Name

(BLOCK CAPITALS):

Job title:

Signature:

Date:

d	d	m	m	y	y	y	y
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Access | Your Completed Claim Form

Office use only

Claim details checked by:

Name: _____ Signature: _____

Date:

d	d	m	m	y	y	y	y
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I am satisfied that the details on the form, and on any supporting evidence, are correct and I authorise payment of:

£ _____

Name: _____ Signature: _____

Date:

d	d	m	m	y	y	y	y
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Access | Certification Statement

Certification Statement for copy documents

Access Employer Recruitment Support Claim: Week 13

I certify that the documents enclosed as part of this Access claim are true copies of the original documents.

Participant name: _____

☐

P11 (or equivalent payroll provider reports) **OR**

☐

Payslips **AND**

☐

Bank statements and relevant BACS reports, if appropriate, showing defrayment of net pay into participant's bank account

Number of copy documents attached ☐

Signature: _____

Name (printed): _____

Position in organisation: _____

Name of organisation: _____

Date: _____