

SNIPEF Grant Claim Form

This form enables you to claim for training undertaken and qualifications achieved between the 1 January 2017 and 31 December 2017 only.

You must attach a copy of your achievement certificate with your claim form. If the certificate is delayed you must still submit a claim by 31 December 2017 and send the evidence as soon as it is available.

Employer Details

Company Name:

Contact:

Contact email address:

Address:

Town:

Postcode:

Telephone Number:

Operative Details

Name:

Address:

Town:

Postcode:

Telephone Number:

Date of Birth:

National

Grade:

Insurance No:

Training Details

Training Course/Achievement Title:

Training Provider Name:

Address:

Town:

Postcode:

Telephone Number:

Course start date:

Course end
date::

Course duration:

Employers Declaration

By submitting this application I declare that:

- I am authorised by the employer making the claim to complete and submit this application
- The information supplied is true, accurate and complete
- This claim is for an employee of this business
- I have not made any other claim in respect of the same course for the same employee to which this claim relates
- Will repay any sums requested by SNIPEF in the event of overpayment or ineligible claims

Signed:

Date:

Print Name:

Position in Company: