

Part 3 Certification

If you are employed

Your employer should complete this part.

If you are self-employed

Your support worker should complete this part. If your support worker is supplied by an agency, the agency can complete this part.

- I certify that the person named in Part 1 of this form has received the number of hours support shown in Part 2.

Signature

Position

Name

Company name and business address

Date

If you signed this as a representative of the agency that supplied the support worker, please attach copies of the support worker's timesheets.

Part 4 Customer declaration

- I claim reimbursement of the portion of my costs agreed with Access to Work for the support shown in Part 2 of this form.
- I want the payment to be made to
- I understand that if I knowingly give information that is incorrect or incomplete I may be liable to prosecution or other action. Claims may be subject to validation and information may be checked with other sources including employers, suppliers and providers.
- I have read the Access to Work 'Information for Customers' and agree to its terms.
- No part of this claim has been included in any previous claim.
- I understand that Access to Work will not accept claims for reimbursement that are made more than six months after costs were incurred.

Signature

Name

Date

Part 5 Return details

When you have filled in this form send it to