

Existing Employment Confirmation

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This document is to prove that you, the student, have satisfied all conditions relating to to vocational placement of the (Qualification Title) through your current and/or previous employment in the industry.				
This qualification requires you to complete hours of vocational placement. To be eligible for the recognition of your previous and/or current employement in the industry you must meet the following criteria:				
Completed at least hours of vocational placement in the industry pertaining with this qualification.				
Must be able to have your current and/or previous supervisor fill out the enclosed applicable fields.				
To whom it may concern,				
This document is to confirm that I, (Student First Name and Last Name), am able to satisfythe vocational placement requirements through my existing employer at (Business Trading Name)as a (Position), commenced on the (Date)				
By affixing my signature below, I declare that I have provid in this form.	ed true and accurate information			
Student's Full Name:	Candidate's Signature:			
Date Completed:				
Company/Organisation Name:				
Supervisor Name: Employer's Signature:				
Supervisor Contact Number:				
Supervisor Email:				



Business Profile

(This section must be completed by the student and the workplace supervisor.)

ARRANGEMENTS	
Type of work:	
Work hours:	
Breaks:	
GENERAL INFORMATIO	N
Name of company:	
Location/address of company:	
Company contact number:	
Company email address:	* * * *
Type of business:	
Number of employees:	*
Student's current position title/designation:	ICITIA EL DOCTRINA
Student's job description:	
Student's job position requirements:	
Employment starting date:	
Other occupations in the company:	



Certificate of employment: Attach a scanned copy of the student's certificate of employment. If the company does not issue a certification, the company may issue a letter addressed to Shafston College. In the letter, the employer must indicate the candidate's employment start date and position.

