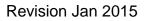


Self Declaration Regarding Employment

| Participant Details | |
|-----------------------|---|
| Name: | _ |
| Date of Birth: | |
| Phone number: | |
| Case Manager: | |
| Employment Details | |
| Company/ Agency Name: | |
| Address: | |
| | |
| Contact Person: | |
| Contact Number: | |
| Job Description: | |
| | _ |
| | _ |

Employment Type:

- □ Full time employment (more than 30 hours per week)
- □ Part time employment (less than 30 hours per week)
- □ Contract / Temporary Employment
- □ Relief / On Call Employment





Please complete both sides of the form

Employment Start Date:

Employment End Date (temporary / contract employment only):

Pay Date(s):

Wage / Salary:

Actual / Estimated Monthly Earnings:

Do you expect your hours to vary each week?

- Yes
- □ No

Benefit Coverage:

- Yes
- □ No

Benefit Coverage Start Date:

I declare that the information provided above is true to the best of my knowledge and belief and that no information required to be given has been withheld or omitted.

Signature:_____

Date:_____

If you require items / services to begin employment please include a request for benefits with this form.