



Tees Valley Works for Women Beneficiary Eligibility Criteria

Name of Beneficiary:

Name of Provider:

Before accepting beneficiaries onto the Tees Valley Works for Women could you please make sure they match the following eligibility criteria.

General Eligibility Descriptor	Detailed Beneficiary Eligibility Criteria for this Contract	ILR/SR fields Evidence	Please Tick the Box if Beneficiary Meets the Criteria and Enter Age
Age	16-65	L11	Age:____D.O.B.:____
Gender	Female	L13	
Employed Status	Employed or Unemployed	L12	
Length of Unemployment	N/A	N/A	
Geographical Area	Tees Valley	L17	
Last Learning Event	N/A	N/A	
Company Size	N/A	N/A	
Company Sector	N/A	N/A	
Prior Attainment Level	N/A	N/A	

Below is the criteria that the beneficiaries must meet. They must meet one or more of the following 'disadvantaged' categories, taken from the European Social Fund (ESF) Short Record Form.

Criteria	ILR/SR fields Evidence	Please Tick the Box if Beneficiary Meets the Criteria
Women who are jobless and need help to get back into work.	E20, where applicable. If the category is not on the SR, a signed declaration from the beneficiary or a copy of the appropriate assessment documentation from the authority.	
Women facing profound labour market disadvantage and are at risk of exclusion.		
Women wishing to engage in lifelong learning.		
Training for women in employment, with or without employer support.		
Women who are interested in starting their own business.		
Lone parents		
Women returners		
Women from disadvantaged groups and communities		
Women employers, managers and trainers.		

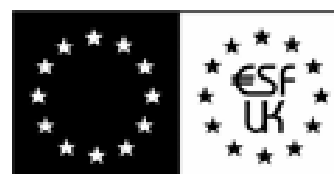
Please note that the Tees Valley Works Quality Officer will observe some of the beneficiaries completing their eligibility criteria at the providers location and the Quality Officer will use the eligibility criteria to conduct an audit trail.

Declaration

I hereby declare that the provider _____ has stated that Tees Valley Works for Women is Co-financed by the Learning and Skills Council and the European Social Fund.

Signature of beneficiary: _____

Date: _____



EUROPEAN UNION
European Social Fund