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**CALL 3 2022/23**

**CONFIRMATION OF ROLE ON ESF PROJECT**

| **Employer’s name** |  |
| --- | --- |
| **Project title** |  |
| **Lead Project Organisation (if applicable)** |  |
| **Employee’s name** |  |
| Contract **start date** |  |
| Employee’s **job title** |  |
| **Cost category** of the role(E.g. ‘Direct implementation’) |  |
| **Employee’s key responsibilities** / **duties** (Please note this should match the Annex A) |  |
| Number of **average** **hours worked per week** for this role (as per Annex A) – *to be completed by employer for non-job-sharing roles only. If the role is job shared please insert ‘N/A’.* |  |
| Does the employee work **full- or part-time in the organisation**? |  |
| Does the employee work **full- or part-time on ESF-funded project/s**? |  |
| Is the contract **temporary, fixed-term or permanent**? |  |
| If applicable, what is the **end date** of the role? |  |

**SIGNATURE SHEET**

Employer’s statement and signature:

As a representative of (PROJECT NAME), I, (EMPLOYER REPRESENTATIVE NAME), declare that the above is an accurate summary of the role carried out by (EMPLOYEE’S NAME) on the ESF project (PROJECT NAME) and that no relevant details have been omitted from the summary.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s statement and signature:

I, (EMPLOYEE NAME), confirm that the role and key responsibilities listed above are an accurate reflection of the duties I perform on the ESF project (PROJECT NAME). I understand that if I have any concerns about my role on the ESF project or about the ESF project itself, I can refer to my own organisation’s whistle-blowing policy which may provide suitable guidance. I also understand, that if I am not satisfied by my organisation’s response to my concerns, that I am able to contact the Department for Economy directly at raising.concerns@economy-ni.gov.uk. I confirm that no pressure has been exerted on me, by my organisation or anyone else, to sign this document and that I have been provided with a copy of it to retain for my own records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_