



Form Ref: IDU13/2018

Self Declaration for Gaps in Employment

(Unemployment/Living Abroad/Holiday or when a Previous Employer is no longer Operating)

Section 1: Applicant's Personal Details

This form is to be completed by the applicant if they have had any gaps in their employment history. A letter is required from someone who has known the applicant for a minimum of two years, is not related to them and can support the declaration.

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Company Name
Place of Birth:	Date of Birth:
National Insurance No.:	
Address:	Job Title:

Section 2: Details

Complete this section if you were Unemployed

Were you registered with a benefit office whilst unemployed? Yes/No

If yes, what was the address of the benefit office you were registered with?

If you were registered with a benefit office, a letter is required from them detailing the exact dates

Please confirm the specific dates when you were Unemployed:

From: ___/___/___ To: ___/___/___
Day month year Day month year

From: ___/___/___ To: ___/___/___
Day month year Day month year

From: ___/___/___ To: ___/___/___
Day month year Day month year

I declare that I was unemployed for the periods shown above.

Print Name:

Signature:

Date:

Authorised By (Pass Office Staff Print Name)	Signed	Date

Complete this section if you were on holiday or living abroad

What was your address whilst you were on holiday or living abroad?

Please indicate below which documentation you are providing in support of this declaration:

Passport:	<input type="checkbox"/>
Tickets:	<input type="checkbox"/>
Travel Documents	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Please confirm the specific dates when you were on holiday or living abroad

From: ___/___/___ To: ___/___/___
Day month year Day month year

From: ___/___/___ To: ___/___/___
Day month year Day month year

From: ___/___/___ To: ___/___/___
Day month year Day month year

I declare that I was living abroad or on holiday for the periods shown above;

Print Name:

Signature:

Date:

Authorised By (Pass Office Staff Print Name)	Signed	Date

Complete this section if the company you worked for is no longer operating

Company Name:
Company Address:
Please confirm the specific dates when you were employed by this company. Period of employment with company From: ____/____/____ Day month year To: ____/____/____ Day month year
<i>I declare that I was employed for the above mentioned company for the period listed above and that they are no longer operating and written references are unobtainable.</i>
Print Name:
Signature:
Date:

Authorised By (Pass Office Staff Print Name)	Signed	Date

FOR AUDIT USE ONLY WHERE APPLICABLE

Form Audited By	
Date	
Signed	