**(Company letterhead)**

 (***Date***)

To whom it may concern

This letter serves to confirm … …………….’s (**Company name**) commitment to employ **…%** of the number of participants placed i.e. …… (**number of participants absorbed)** of the ……(**original number of participants requested**) participants after the Experiential Learning period (**Start & End Dates**) have been completed.

**Nature of employment:**

 **Designation(s) and/ or Job Title of Participants:**

**Employment status: (please select appropriate option)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Employment Contract** | **Commencement Date** | **End Date** | **Number of Participants Employed** |
| **Permanent employment** (12 months & longer) |  | N/A |  |
| **Fixed term contract** (minimum 12 months) |  |  |  |
| **Short term contract**(less than 12 months) |  |  |  |

The Company understands that should this commitment not come to fruition it will have an impact on future funding applications with the Department.

Yours Sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

(**Name & Surname**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Title of signatory)**

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Date: