

(Company letterhead)

To Whom It May Concern

This letter serves to confirm **(Company name)** commitment to employing **(percentage) ...%** of the participants placed, specifically **(number of participants employed)** out of the **(original number of participants requested)**, following the completion of the Experiential Learning period which spans from **(Start Date)** to **(End Date)**.

Nature of employment:

- **Designation(s) and/ or Job Title(s) 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 of 12 months)			
Short term contract (minimum of 6 months)			

The Company understands that should this commitment not be met, it will impact on future funding applications with the Department, and disbursed funds may be reclaimed from the Company.

Yours Sincerely,

Signature

(Name & Surname)

(Title of signatory)- (must be a senior manager)

Date: