

# Declaration of work experience

Name:

LIA Member No:

This page must be fully completed and signed off by your current manager.

Employer 1			
Employer Name	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role:			
Employer 2			
Employer Name	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role:			
Employer 3			
Employer Name	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role:			

Signature of Employer: \_\_\_\_\_

Date:

(A digital signature is acceptable)

Name of Employer: \_\_\_\_\_