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| **INSERT COMPANY NAME**  | **SFC logo** |

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| **Flexible Workforce Development Fund (FWDF) 2021-22 (Year 5) - for SMEs****Application Form** |

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| **SME eligibility information (ALL FIELDS ARE MANDATORY where applicable)** |
| Name of employer  |  | Company registration number (where applicable) |  |
| Number of employees |  | Sole proprietor/Partnership | O |  |
|  |  | Company | O | (please tick) |
|  |  | Non-profit making body | O |  |
| Operate across Scotland? \*Please circle | YES/NO\* | Operate across more than one college region? (Please circle) | YES/NO\* |
| Address |  | Company website |  |
| Postcode |  | Telephone number |  |
| Contact person |  | Email address |  |
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| **Demonstrate proof of SME status**This should normally take the form of one of the following:• A business bank account.• VAT registration. • PAYE registration. • Companies House info (latest accounts, etc.). • Registration for self-assessment tax return (HMRC). |  |
| Documentation used as proof of eligibility, supplemented with a signed copy |  |
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| **BUSINESS SKILLS GAP AND TRAINING** |
| Does your organisation require a skills gap analysis? | O  | Yes | O | No |
| Do you have a current skills gap analysis? | O  | Yes | O | No |
| What needs have been identified? Including assessing priority groups such as women, disabled and black and ethnic minority employees |
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| What training has been identified to meet the skills gap analysis? |
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| What are the intended goals/outcomes of this training?  |
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| How many employees will benefit from the training?  |
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| What consideration have you made as an employer to support staff with protected characteristics (as listed in section 4 of the Equality Act 2010) or from other priority groups (as set out in the Fund guidance) to gain access to training through the Fund? |
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| What is the expected impact of this training on employees/employer? Has COVID-19 had an impact on your productivity and will this training help? Specifically, what anticipated impact will this training have on productivity?  |
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| How will this impact be evident? |
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| Summary of final training plan |
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| Please provide a breakdown of the training costs |
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| **Employer declaration** * I declare that I am authorised to sign this application and that this is the only application we have made to the 2021-22 FWDF\*

Print name: Signature: Date (DD/MM/YY):\* only one application either as a Levy-payer **or** a SME, and to only one training provider. |
|  |
| ***College declaration*** *(delete as appropriate)*Print name:Signature: Date (DD/MM/YY): |

