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| **Flexible Workforce Development Fund (FWDF) 2022-23**  **Levy payer Application Form** |

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| **LEVY-PaYING company eligibility information (ALL FIELDS ARE MANDATORY)** | | | | | | | | | | | | |
| Name of employer | |  | | | | | | Company registration number | | |  | |
| Number of employees | |  | | | | | | Company | | | O | (please tick) |
| Registered Charity | | | 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 | | |  | |
|  | | | | | | | | | | | | |
| COMPANY LEGAL STATUS(s*elect* ***one*** *option only*) | | | | | | | | | | | | |
| O | Private Limited Company | | | O | Public Limited Company | | | | O | Partnership | | |
| O | Other (please specify): | | | | | | | | | | | |
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| Demonstrate proof of levy contribution | | | i.e P32; Payroll data or an EPS showing contributions for the Apprenticeship Levy Tax | | | | | | | | | |
| 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 | | | | | |
| If yes, what needs have been identified? (Include supply chain needs if applicable). Including assessing priority groups such as women, disabled and BAME 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? (Please separately identify how many levy payer and/or supply chain employees will be attending the course if applicable) | | | | | | | | | | | | |
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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? 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 and a breakdown of the training costs | | | | | | | | | | | | |
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| ***Please note that by contractually agreeing to receive training through the FWDF, employer and employee details will be shared by SFC with the Scottish Government for reporting, monitoring or evaluation purposes, and may be further processed by organisations contracted to undertake this work on their behalf. See*** [***Scottish Government’s privacy notice***](https://www.gov.scot/publications/scottish-exchange-of-data-privacy-information/)***.*** |
| **Employer declaration**   * I declare that I am authorised to sign this application and that this is the only application we have made to the 2022-23 FWDF. * I understand that all training must be contractually agreed by 31st July 2023 and have commenced by 31st August 2023 to be included as part of Colleges’ year 6 (2022-23) FWDF allocations. * Training must conclude by 31st December 2023, unless the course is exempt i.e. SVQ; distance learning * I understand that all training cancelled within two weeks of the agreed delivery date will be considered as delivered and no longer able to be re-scheduled. This does not include any cancellations made by the college which would be rescheduled.   Print name:  Signature: Date (DD/MM/YY): |
|  |
| ***For North East Scotland College***  Print name:  Signature: Date (DD/MM/YY): |