**Application Process**

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| **Flexible Workforce Development Fund (FWDF) 2019-20**  **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): | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Demonstrate proof of levy contribution | | |  | | | | | | | | | | |
| Documentation used as proof of eligibility, supplemented with a signed copy | | |  | | | | | | | | | | |
| ***\* Please complete the section below when you (Levy-paying company) are passing on access to all or some of your FWDF allocation to a supply chain company.*** | | | | | | | | | | | | | |
| **Supply chain company information** | | | | | | | | | | | | | |
| 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): | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| How much of your FWDF allocation are you passing on to this supply chain company? (up to maximum £15,000) | | | | | | | | | | | | | |
| **£** | | | | | | | | | | | | | |
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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) | | | | | | | | | | | | | |
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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? (for the Levy paying company & Supply chain company if applicable) | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | |
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| Please provide a breakdown of the training costs | | | | | | | | | | | | | |
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| **Employer declaration** *(if for Levy paying company only)*   * I declare that I am authorised to sign this application and that this is the only application we have made to the 2019-20 FWDF.   Print name:  Signature: Date (DD/MM/YY): | |
|  | |
| **Employer declarations** *(if Levy-paying company is passing access to their FWDF allocation to a supply chain company)*   * The content and level of planned training has been agreed between both the levy-paying company and the supply chain company.   ***Levy-paying company***   * I declare that I am authorised to sign this application and confirm that we are allocating £ *(amount)* of our 2019-20 FWDF allocation to (*supply chain company*). This will not exceed our total eligibility of £15,000.   Print name:  Signature: Date (DD/MM/YY):    ***Supply chain company***   * I declare that I am authorised to sign this application and confirm that this is the only application we have made to use the 2019-20 FWDF (via this or any other levy-paying company).     Print name:  Signature: Date (DD/MM/YY): | |
|  |  |
| ***College***  Print name:  Signature: Date (DD/MM/YY):  Date (DD/MM/YY): | |