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| **Flexible Workforce Development Fund (FWDF) Phase 2 SMEs - 2020-21**  **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 | |  | | | | | | | |
| Documentation used as proof of eligibility, supplemented with a signed copy | |  | | | | | | | |
|  | | | | | | | | | |
| **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 | | | | | | | | | |
|  | | | | | | | | | |
| What training has been identified to meet the skills gap analysis? | | | | | | | | | |
|  | | | | | | | | | |
| What are the intended goals/outcomes of this training? | | | | | | | | | |
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| How many employees will benefit from the training? | | | | | | | | | |
|  | | | | | | | | | |
| 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? | | | | | | | | | |
|  | | | | | | | | | |
| 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? | | | | | | | | | |
|  | | | | | | | | | |
| How will this impact be evident? | | | | | | | | | |
|  | | | | | | | | | |
| 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 2020-21 FWDF\*   Print name:  Signature: Date (DD/MM/YY):  \* only one application either as Phase 1 Levy payer **or** Phase 2 SME and to only one training provider . |
|  |
| ***College/The Open University in Scotland*** *(delete as appropriate)*  Print name:  Signature: Date (DD/MM/YY):  Date (DD/MM/YY): |