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| **OR** **INSERT COMPANY NAME** **(right click, change picture)** | **SFC logo** |

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| **Flexible Workforce Development Fund (FWDF) 2021-22****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) |
| **£**  |
|  |
| **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? (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? 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** *(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 2021-22 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 2021-22 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 2021-22 FWDF (via this or any other levy-paying company).

 Print name: Signature: Date (DD/MM/YY): |
|  |  |
| ***College*** Print name:Signature: Date (DD/MM/YY): |

