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|  | **Scottish Funding Council logo** |

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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) |
| **£**  |
|  |
| **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): |

**Flexible Workforce Training Fund (FWDF)**

**Ayrshire College Standard Terms and Conditions**

1. **Cost of training**

The cost shown for each course is for a standard version of the course with no/minimal bespoke adaption. If the requirement is for the course to be adapted for the employer, this will incur additional development costs.

1. **Cancellation**

By signing this agreement you agree to the delivery dates as agreed. Please note the following cancellation charges may apply:

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| **Cancellation days prior to start date** | **Fee charged** |
| More than 25 working days | No fee |
| Between 14-25 working days | 20% of course fee |
| Less than 14 working days | Full course fee |

Should you cancel less than 14 days before the course start date we reserve the right to invoice you for the full cost of the course.

1. **Course start and end date**

Courses and programmes will operate throughout the year.  All courses or programmes are required to be started by 31st July 2020 at the latest and all single day courses are required to be completed by this date.

**4. Location of training**

Training delivery will take place at Ayrshire College campuses in Ayr, Kilmarnock and/or Kilwinning, unless by special arrangement at the employer’s premises.  If training is to take place at the employer’s premises, additional costs will be incurred which will be stipulated when the course costs are provided and all equipment for training delivery is required to be provided by the employer. This may include:

* + Projector and screen
	+ Computer or laptops with appropriate software installed e.g. MS Office
	+ Flip Charts
	+ Paper, pens or other stationery

Furthermore, if training is to take place at the employer’s premises, a site induction checklist will be required to be completed.

1. **Reimbursement and additional costs**

We cannot reimburse clients for any candidate who does not complete the qualification. Employers may be responsible for any additional costs arising from examination resits if required.

1. **Additional support needs**

Should any of the candidates have any additional support requirements, the College requires 4 weeks notice to ensure any alternative arrangements can be put in place.

1. **Candidate residence**

All candidates undertaking training or programmes funded under the Flexible Workforce Training Fund (FWDF) are required to be Scottish residents.

1. **Enrolment forms**

All candidates undertaking training or programmes funded under the Flexible Workforce Training Fund (FWDF) are required to complete all sections of the College enrolment form provided at the start of the training or programme, as required by the Scottish Funding Council (SFC). Statistical personal information will be shared with the SFC to allow them to allocate appropriate funding to college in line with Scottish Government strategies and their statutory duties.

If the candidate refuses to fully complete the enrolment form, he/she will not be permitted to undertake the training programme.

1. **Data Protection Act**

Ayrshire College will only use the information that we collect about you lawfully (in accordance with the new General Data Protection Regulations (GDPR) 2018). The data that you may provide may be used by the Scottish Government, Skills Development Scotland, Colleges Scotland and College Development Network for the benefit of the sector. Further information on how the college uses your information is available viewing the enrolment privacy notice on our website at https://www1.ayrshire.ac.uk/privacy-statement/

□ I have read the terms and conditions and agree to be bound by these.

□ Ayrshire College would like to continue to send information to you regarding future courses or promotional information. If you would like to opt in, please tick the box.

□ Ayrshire College would like to use testimonials or case studies for promotion or marketing purposes. Please tick the box to consent for your company details to be included.

**Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_