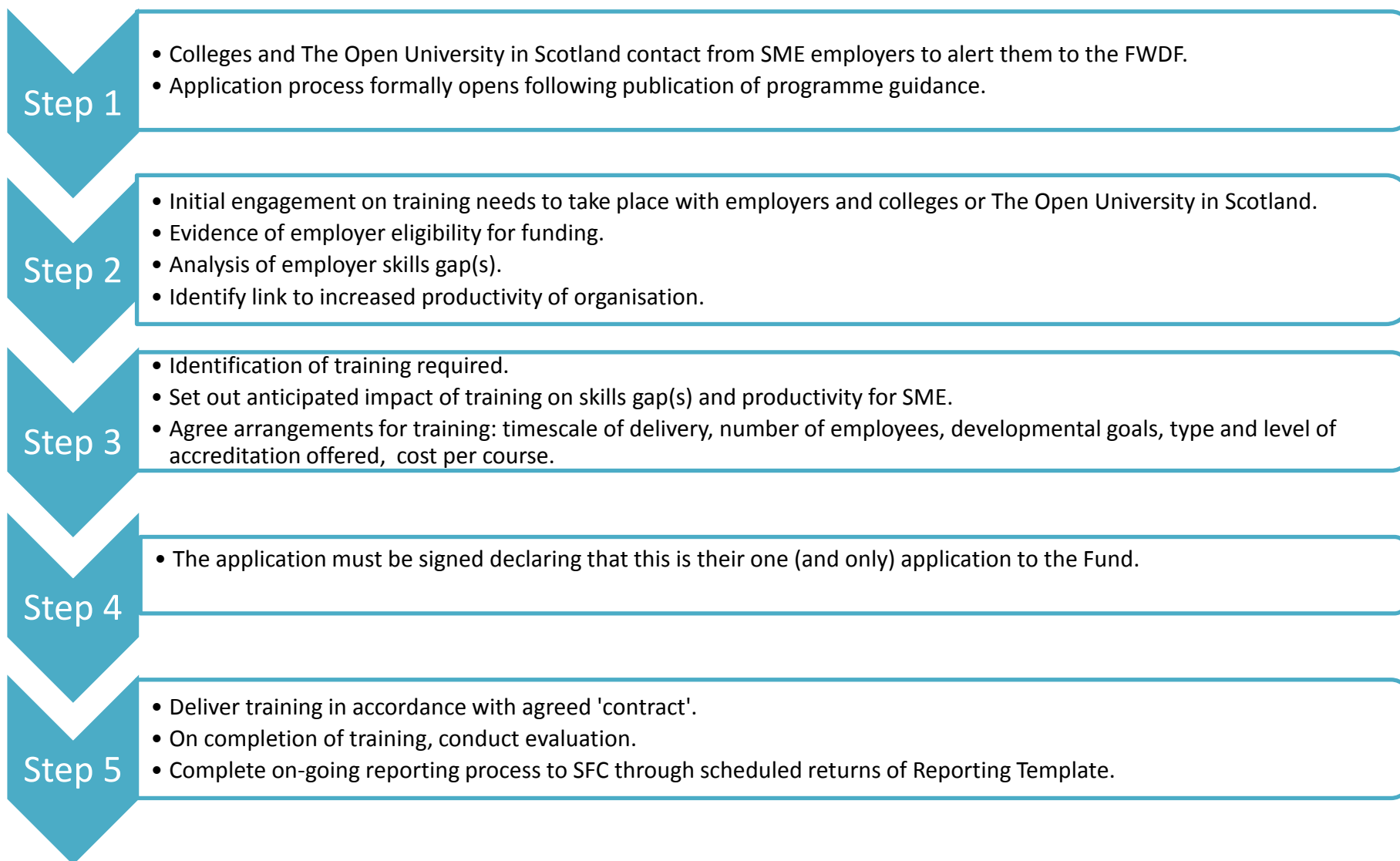


Application Process



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INSERT COLLEGE/OUIS LOGO
OR
INSERT COMPANY NAME



Flexible Workforce Development Fund (FWDF) Phase 2 SMEs - 2020-21 Application Form

SME ELIGIBILITY INFORMATION (ALL FIELDS ARE <u>MANDATORY</u> WHERE APPLICABLE)			
Name of employer		Company registration number (where applicable)	
Number of employees		Sole proprietor/Partnership	<input type="radio"/>
		Company	<input type="radio"/> (please tick)
		Non-profit making body	<input type="radio"/>
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	
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?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a current skills gap analysis?	<input type="radio"/> Yes <input type="radio"/> 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?

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

Please provide a breakdown of the training costs

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):