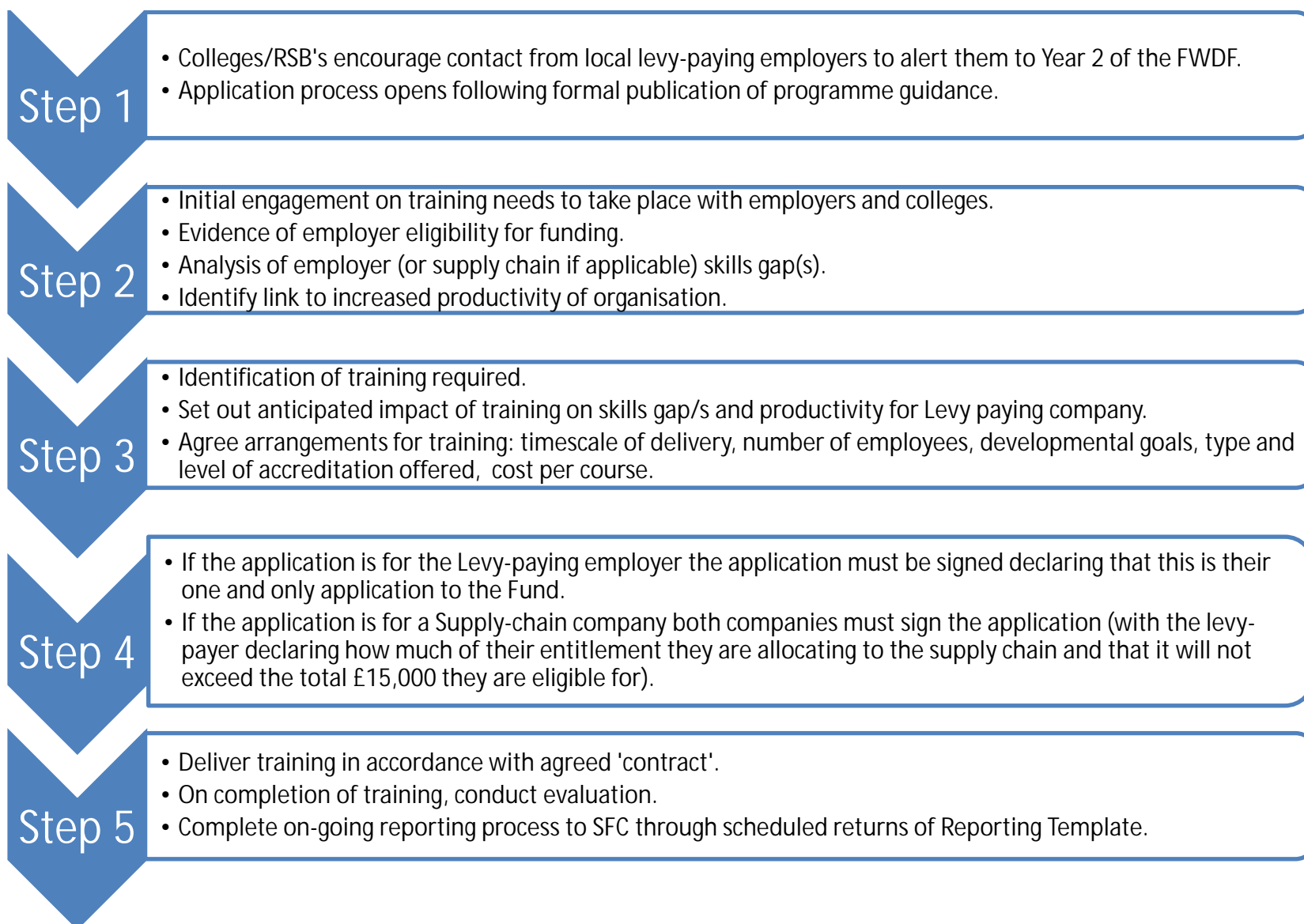


## Application Process



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OR  
**INSERT COMPANY NAME**  
 (RIGHT CLICK, CHANGE PICTURE)



## FLEXIBLE WORKFORCE DEVELOPMENT FUND (FWDF) 2018-19 APPLICATION FORM

LEVY-PAYING COMPANY ELIGIBILITY INFORMATION (ALL FIELDS ARE <b>MANDATORY</b> )			
Name of employer		Company registration number	
Number of employees		Company	<input type="radio"/>
		Registered Charity	<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	
COMPANY LEGAL STATUS (select <b>one</b> option only)			
<input type="radio"/> Private Limited Company		<input type="radio"/> Public Limited Company	
<input type="radio"/> Other (please specify):		<input type="radio"/> Partnership	
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	<input type="radio"/>
		Registered Charity	<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	
<b>COMPANY LEGAL STATUS (select <i>one</i> option only)</b>			
<input type="radio"/> Private Limited Company	<input type="radio"/> Public Limited Company	<input type="radio"/> Partnership	
<input type="radio"/> Other (please specify):			
How much of your FWDF allocation are you passing on to this supply chain company? (up to maximum £15,000)			
£			
<b>BUSINESS SKILLS GAP AND TRAINING</b>			
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	
If yes, what needs have been identified? (Include supply chain needs if applicable)			
What training has been identified to meet the skills gap analysis?			
What are the intended goals/outcomes of this training? (for the Levy paying company & Supply chain company if applicable)			

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)

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?  
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** (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 2018-19 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 2018-19 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 2018-19 FWDF (via this or any other levy-paying company).

Print name:

Signature:

Date (DD/MM/YY):

***College***

Print name:

Signature:

Date (DD/MM/YY):