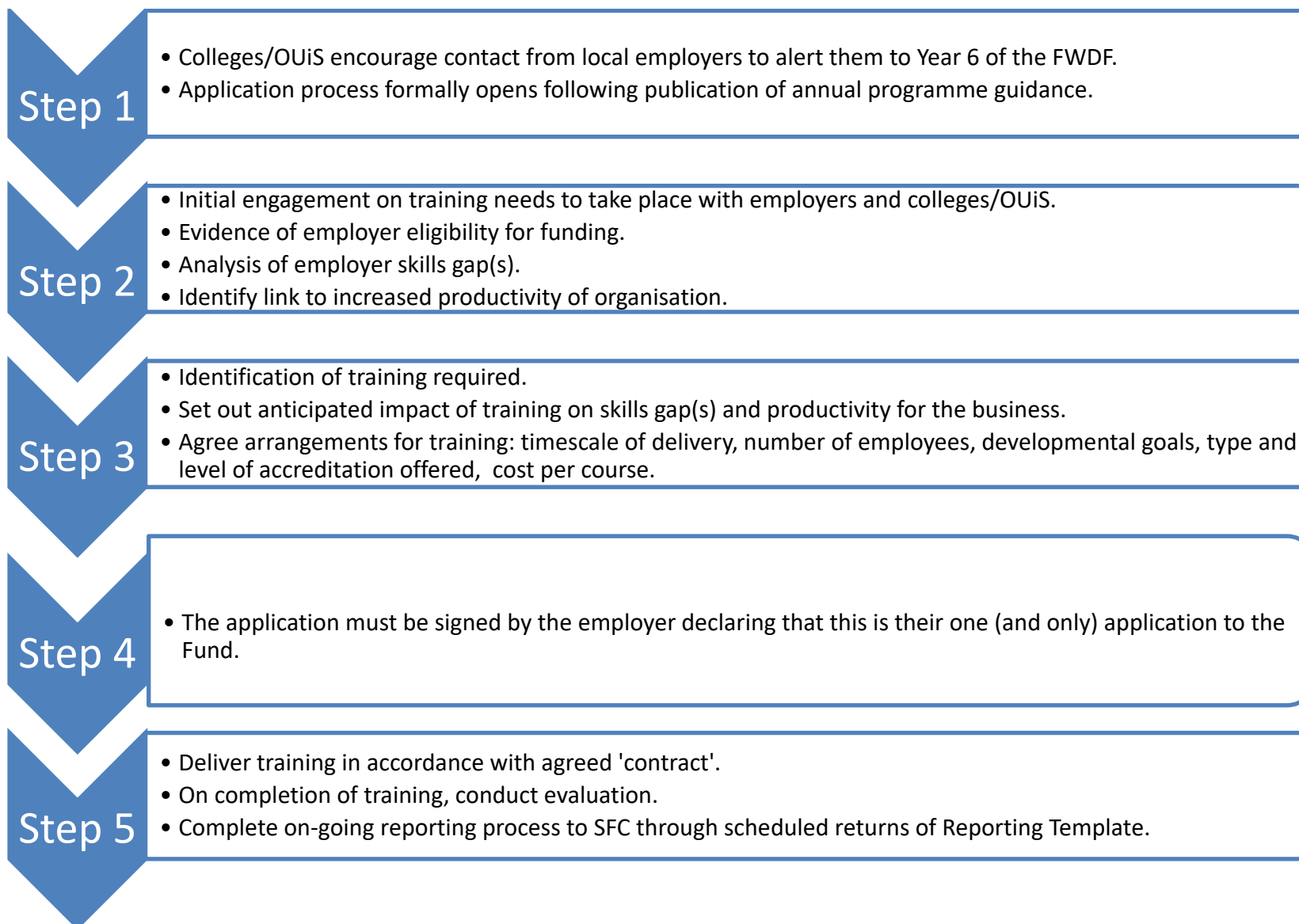


## Application Process



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INSERT COLLEGE/OUIS LOGO  
OR  
INSERT COMPANY NAME



## Flexible Workforce Development Fund (FWDF) 2022-23 Levy payer Application Form

LEVY-PAYING COMPANY ELIGIBILITY INFORMATION (ALL FIELDS ARE MANDATORY)			
Name of employer		Company registration number	
Number of employees		Company	<input type="checkbox"/>
		Registered Charity	<input type="checkbox"/> (please tick)
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="checkbox"/> Private Limited Company		<input type="checkbox"/> Public Limited Company	
<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Partnership	
Demonstrate proof of levy contribution			
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="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a current skills gap analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> 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			

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? (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

Please note that by contractually agreeing to receive training through the FWDF, employer details will be shared by SFC with the Scottish Government for reporting, monitoring or evaluation purposes, and may be further processed by organisations contracted to undertake this work on their behalf. See [Scottish Government's privacy notice](#).

**Employer declaration**

- I declare that I am authorised to sign this application and that this is the only application we have made to the 2022-23 FWDF.

Print name:

Signature:

Date (DD/MM/YY):

***College/The Open University in Scotland*** (delete as appropriate)

Print name:

Signature:

Date (DD/MM/YY):