|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | **INSERT COMPANY NAME**  **(right click, change picture)** |  | |  |

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| **FLEXIBLE WORKFORCE DEVELOPMENT FUND (FWDF)**  **APPLICATION FORM** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | | | | | | | | | | |
| **BUSINESS SKILLS GAP AND TRAINING** | | | | | | | | | | | | | |
| Do you have a current skills gap analysis? | | | | O | Yes | O | No | | | | | | |
| Does your organisation require a skills gap analysis? | | | | O | Yes | O | No | | | | | | |
| If yes, what needs have been identified? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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 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  I declare that I am authorised to sign this application and that this is the only application made by ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employer) to the Flexible Workforce Development fund.  Organisation signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Date (DD/MM/YY) | |
| Print name | | | | | | | | | | | |  | |
| College signature | | | | | | | | | | | | Date (DD/MM/YY) | |
| Print name | | | | | | | | | | | |  | |