**Application Process**

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| **Flexible Workforce Development Fund (FWDF) 2021-22 (Year 5) - for SMEs**  **Application Form** |

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| **SME eligibility information (ALL FIELDS ARE MANDATORY where applicable)** | | | | | | | | | |
| Name of employer |  | | | | | | Company registration number (where applicable) |  | |
| Number of employees |  | | | | | | Sole proprietor/Partnership | O |  |
|  |  | | | | | | Company | O | (please tick) |
|  |  | | | | | | Non-profit making body | 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 |  | |
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| **Demonstrate proof of SME status** | | Examples: Companies house registration, HMRC | | | | | | | |
| **Documentation used as proof of eligibility, supplemented with a signed copy** | |  | | | | | | | |
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| **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 | | | |
| **What needs have been identified? Including assessing priority groups such as women, disabled and black and ethnic minority employees** | | | | | | | | | |
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| **What training has been identified to meet the skills gap?** | | | | | | | | | |
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| **What are the intended goals/outcomes of this training?** | | | | | | | | | |
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| **How many employees will benefit from the training?** | | | | | | | | | |
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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? Has COVID-19 had an impact on your productivity and will this training help? Specifically, what anticipated impact will this training have on productivity?** | | | | | | | | | |
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| **How will this impact be evident?** | | | | | | | | | |
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| **Please list:**  **All courses and delegate numbers accurately**  **A breakdown of the training costs.**  **Total cost of training requested** | | | | | | | | | |
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| **Employer declaration**   * I declare that I am authorised to sign this application and that this is the only application we have made to the 2021-22 FWDF\*   Print name:  Signature: Date (DD/MM/YY):  **\* only one application either as a Levy-payer or a SME, and to only one training provider.** |
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| ***West Lothian College***  Print name: DANIEL EVANS  Signature: Date (DD/MM/YY) |