

FLEXIBLE WORKFORCE DEVELOPMENT FUND (FWDF) APPLICATION FORM

COMPANY ELIGIBILITY INFORMATION (ALL FIELDS ARE **MANDATORY**)

Name of Employer	Company registration number
Number of Employees	Company <input type="checkbox"/> Yes
	Registered Charity <input type="checkbox"/> Yes
Operate across Scotland?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please tick)</i>
Operate across more than one college region?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Address

Postcode

Telephone No

Contact Person

Email address

COMPANY LEGAL STATUS (select **one** option only)

Private Limited Company

Public Limited Company

Partnership

Other (please specify):

Demonstrate proof of levy contribution.

Documentation used as proof of eligibility, supplemented with a signed copy.

BUSINESS SKILLS GAP AND TRAINING

(please tick)

Do you have a current skills gap analysis?

Yes

No

Does your organisation require a skills gap analysis?

Yes

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

Print Name

College Signature

Date

Print Name

Can you please let us know how you heard about the Flexible Workforce Development Fund:
