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| Workforce Development Grants 2020-21Application Form |

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| **Organisation** |  |
| **Contact Name** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Address** |  |
| **ONA – date** |  |
| **Advisor name** |  |

**Legal status of applicant organisation**

|  |  |
| --- | --- |
| Registered Charity |  |
| Company with Charitable Status |  |
| Social Enterprise |  |
| Constituted Voluntary/Community Group |  |
| Other – please specify |  |

**Eligibility checks:**

Do all or most of your organisation’s clients/service users have social care needs (elderly, learning disability/difficulty, physical disability, sensory impairment, physical or mental health illness, substance misuse or domestic violence issues, carers of one of these groups or for any other reason are in need, at risk, or face poverty)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Does your organisation directly deliver services that: protect people who use care services, or preserve or advance physical or mental health, or promote independence and social inclusion, or improve opportunities and life chances?

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| --- | --- | --- | --- |
| Yes |  | No |  |

**What will the grant be used for?** *Please specify who the direct beneficiaries for the training/development will be; details of your training provider or other suppliers; how any training of individuals will be cascaded in the organisation; how it will be sustained; full breakdown of the costs:*

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| How much money are you applying for? |  |
| Is this the total cost of the training/development? |  |
| If “no”, please explain what match funding you intend to use and whether it is secured? |
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| Start date: |  | Expected end date:  |  |

What is the expected impact of your training/development activity? *You will be required to submit an evaluation once it has completed.*

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| Number of internal beneficiaries: | Direct |  | Indirect |  |
| Estimated number of external beneficiaries (i.e. clients/service users) |  |
| **The activities will help our organisation to:** |
| Improve governance, management or business skills |  |
| Operate legally and safely |  |
| Become sustainable and more enterprising |  |
| Gear up for personal budgets and/or direct payments for services |  |
| Provide quality preventative services in the community  |  |
| Encourage volunteering  |  |
| Raise awareness of adult safeguarding and how to report concerns |  |
| Improve the skills and employability of adults with physical or learning disabilities, mental illness or other social care needs |  |

**Data protection:** By completing this form you are agreeing to allow HCF to use the information provided for the delivery of the programme and to retain your details on our database. HCF will need to share this information with your allocated trainer(s). If you are accepted, information will be shared with the funder for monitoring purposes. Your data will not be passed onto any other third parties. It will be held until such time when you request that it is removed or HCF chooses to remove it. I give permission to be contacted by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Phone |  | Mail |  | E-mail |  |

**Staying in touch:** Tick here if you wish to receive HCF newsletters (all circulated by e-mail):

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| HCF News (grants, events, research) |  | HCF Training and Development News |  |