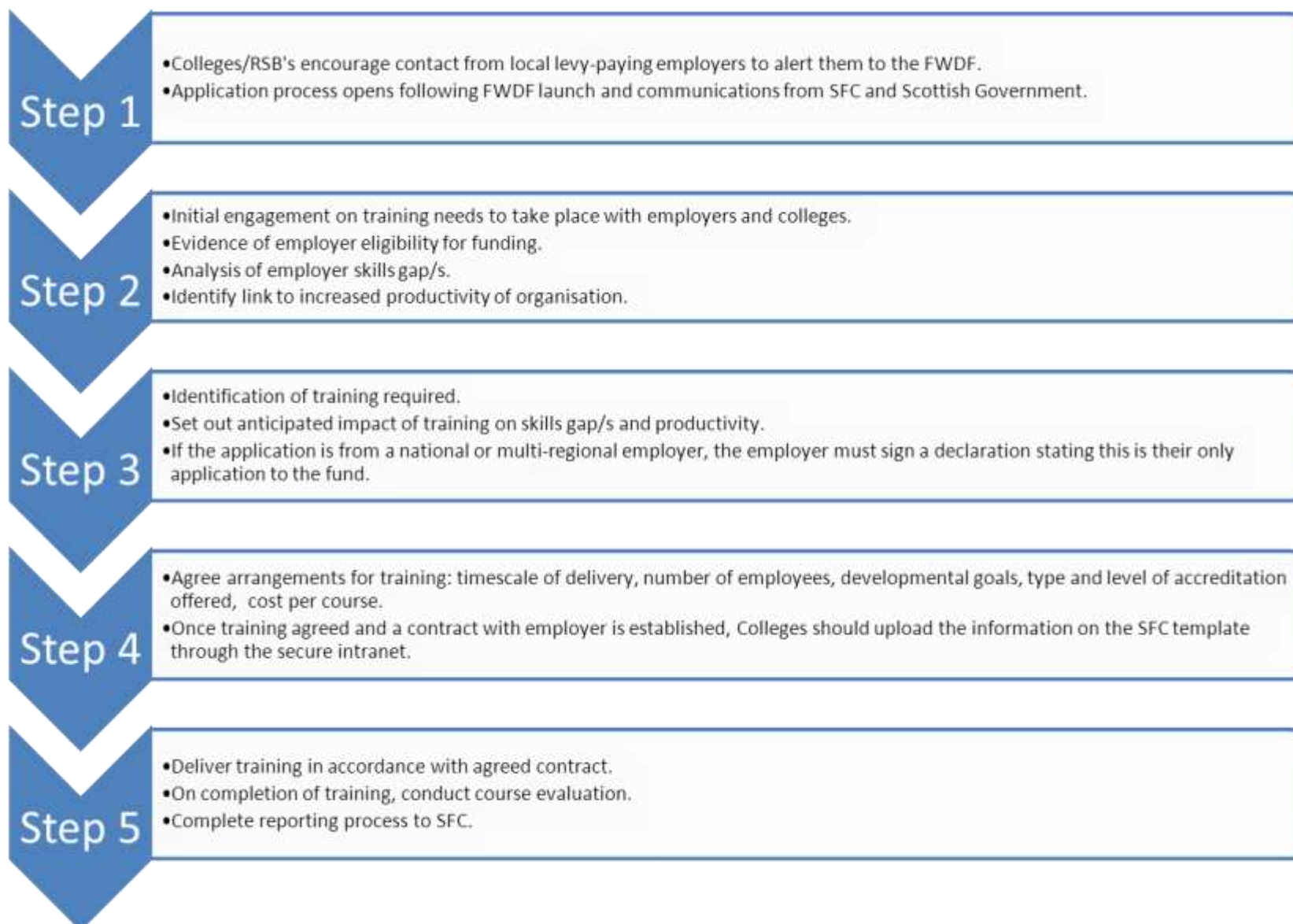


Application Process



This page has been intentionally left blank.



OR
INSERT COMPANY NAME
 (RIGHT CLICK, CHANGE PICTURE)



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="radio"/>
		Registered Charity	<input type="radio"/>
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 <i>one</i> option only)			
<input type="radio"/> Private Limited Company		<input type="radio"/> Public Limited Company	<input type="radio"/> Partnership
<input type="radio"/> Other (please specify):			
BUSINESS SKILLS GAP AND TRAINING			
Do you have a current skills gap analysis?	<input type="radio"/> Yes <input type="radio"/> No		
Does your organisation require a skills gap analysis?	<input type="radio"/> Yes <input type="radio"/> 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