

Individual employer funding application form

GET IT RIGHT

This form is only for people who live in **England** and employ a PA using a personal budget from social care or health or their own money ('**self-funder**').

Parents who employ PAs on behalf of children who are under 18 are not able to apply for this funding, unless you pay for your PAs using a Personal Health Budget (PHB).

GET IT RIGHT

Read the guidance

This funding has helped hundreds of employers and their personal assistants (PAs) to develop their skills and knowledge by attending many different types of training.

It usually takes about four weeks to process an application and money is paid directly into your bank account.

We recommend that you do not book or pay for any training until we have told you if your application has been successful and you can have the money.

Send your application to funding@skillsforcare.org.uk or post it to IE Funding, Skills for Care Ltd, West Gate, 6 Grace Street, LEEDS LS1 2RP

Application forms must be filled in and sent to us anytime before 5pm on Wednesday 28 February 2018.

Training providers are not allowed to submit applications.

tick this box if you want a free copy of the [employing personal assistants toolkit](#).

Check the guidance carefully before filling out the form www.skillsforcare.org.uk/individualemployerfunding.

Your application may be delayed if you make a mistake or if you do not send us the necessary documents set out in the guidance. Please write only within the boxes provided.

GET IT RIGHT

You will need to send certain documents with your application form.

Tick the boxes to check that you have all the necessary documents before filling out the form.

If you do not send this information it will take longer to process your application.

See guidance for more information about the necessary documents you must send.

Necessary documents

Proof that you employ a personal assistant, either

- current certificate of employer's liability insurance
- a document showing HMRC tax employer reference as recorded by HMRC that includes the employer's name and address

Proof of the costs of the training – you must provide all that are relevant (see guidance)

- quote or invoice from the learning provider you have chosen to provide the training, incl. VAT
- quote, invoice or receipt of travel (or expected) travel costs
- quote, invoice, receipt or copy of payslip to confirm PA cover costs

If the employer is not able to complete this form and you are applying for funding on their behalf, we will need to see one of the following

- copy of document indicating lasting power of attorney status
- copy of document indicating court appointed deputy status
- other official proof of ability to act on behalf of the employer as stated in the guidance document

Section 1 Employer details (person who needs care and support)

GET IT RIGHT	First and last name			
<p>Read guidance, section 1.</p> <p>These are the details of the person who needs care and support and pays people to be their PA.</p>	Address			
	Postcode			
	Phone			
	Email			
<p>This section must be completed in full.</p> <p>If the person who needs care and support is under the age of 18, then these should be the details of the adult acting on their behalf.</p>	Age of employer	<input type="checkbox"/> I am 18 years or older <input type="checkbox"/> This application is for someone under 18		
	How do you fund your PAs?	<input type="checkbox"/> Personal budget from social care <input type="checkbox"/> Personal Health Budget <input type="checkbox"/> Self-funded		
	Organisation that gives you your personal budget			
	No of PAs employed		No of PAs doing training	
	Who is the training for?	<input type="checkbox"/> Employer <input type="checkbox"/> PA <input type="checkbox"/> Both		

Section 2 Bank details (this section must be completed in full)

GET IT RIGHT	Sort code	
<p>Read guidance, section 2.</p> <p>Skills for Care will pay money directly into your bank account using BACS.</p> <p>If the money is being paid into an account that is not in the name of the employer you must tell us why, using the space provided under 'Other'.</p> <p>We cannot pay money direct to training providers.</p>	Account number	
	Name of account holder	
	Name of bank	
	Bank address	
	Bank postcode	
	Tick the most appropriate option.	<input type="checkbox"/> Employer's personal account <input type="checkbox"/> Direct payment account <input type="checkbox"/> Managed account <input type="checkbox"/> Other (please specify):
	Payment receipt email:	

Skills for Care's use only

Applicant number

Applicant name

FRED supplier code

Date application received

Section 3 Employer not able to complete application form?

GET IT RIGHT	First and last name	
<p>Read guidance, section 3.</p> <p>If the employer is unable to complete the application form, they may have someone who is legally appointed to act for them to complete it on their behalf. Only the people listed on this form may support employers in this way and must provide the necessary documents that says you are able to act on behalf of the employer. See guidance for more information.</p>	Address	
	Postcode	
	Phone	
	Email	
	Relationship with the employer	<input type="checkbox"/> An attorney under lasting or enduring power of attorney <input type="checkbox"/> A court appointed deputy <input type="checkbox"/> Advocate <input type="checkbox"/> Parent or relative <input type="checkbox"/> Personal assistant (PA) officially appointed to act on behalf of employer <input type="checkbox"/> User-led organisation representative with permission to act on behalf of employer <input type="checkbox"/> A local authority or health representative with permission to act on behalf of employer

Section 4 Details of training (this section must be completed in full)

Read guidance, section 4

GET IT RIGHT Maximum of 5 training courses per person. This funding cannot pay for any delegated health care tasks agreed in any NHS care plan. You must send details of all costs. Add up all the costs for each training course, travel and PA cover.							
Training Course	Name and address of provider	Who will attend the training course? First and last name	Course start and end dates	Training course costs (inc. VAT)	Travel costs	Replacement PA costs	Total cost per course
<i>e.g. First Aid</i>	<i>e.g. First Aid Training, High Street, Big Town, PO5 1CO</i>	<i>e.g. Tony Jones and Sandra McDonald</i>	<i>e.g. 17-19 May 2016</i>	<i>e.g. £600 x 2 PAs = £1,200</i>	<i>e.g. 6 journeys (2 x 3 days) of 12 miles = 72 miles x 45p per mile = £32.40.</i>	<i>e.g. 3 days of 4 hours at a rate of £9.50 = £114.00</i>	<i>e.g. £1,200 + £32.40 + £114.00 = £1,346.40</i>

Training Course	Name and address of provider	Who will attend the training course? First and last name	Course start and end dates	Training course costs (incl. VAT) £	Travel costs £	Replacement PA costs £	Total cost per course
Total amount of money requested £							

GET IT RIGHT	How will this training help you as an employer?
Say why this training is needed and how it will help you as an employer and your PAs.	

Section 5 Conditions of the grant

Important information for YOU

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Read guidance, Section 5.

It is important that you **read these conditions** and make sure you understand them. You will need to tick to say you understand them before you can receive any money from Skills for Care.

If your application is successful, the money will be awarded at the discretion of Skills for Care under an agreement between the Department of Health (DH) and Skills for Care. There is a set of terms and conditions included in **section 7** of the **guidance document**, by signing this application form you will be agreeing that you know about them.

How and when this money must be spent

The money must be spent on care related training or qualifications as outlined in this application.

The money can be used to pay for travel expenses to and from the training.

The money can be used to pay for a replacement PA.

The training must be paid for and started before 31 March 2018.

You cannot:

Use the money to pay for things you have not included in your application.

Use the money to pay for training related to any delegated health care tasks in your care plan.

Ask for money to pay your PA to attend training.

Ask for more money until any previously funded training has finished.

Apply for money to pay for free training or qualifications.

Use the money for party political purposes.

Use the money for fundraising efforts.

Give this money to anyone else, other than to pay for costs you have told us about in this application, without asking Skills for Care first.

What you must do:

Provide proof to Skills for Care of all costs with your application.

Send completion certificates for each training course within four weeks. If you do not, Skills for Care will ask you to return the money.

Return any money you have not spent as outlined in this application to Skills for Care as soon as possible and no later than 30 April 2018.

Keep a record of all invoices, receipts and any other relevant documents for a minimum of six years after the training has been completed. Skills for Care's auditor may need to review them.

Make sure that the money will not be used to commit fraud, if you think that this is a possibility, please contact Skills for Care immediately.

Read guidance, Section 5.

It is important that you **read these conditions** and make sure you understand them. You will need to tick to say you understand them before you can receive any money from Skills for Care.

Skills for Care will:

- Aim to process all applications that have been completed correctly and provided with proof of all costs (training, qualifications, travel and replacement PA) within four weeks. Where this is not possible we will contact you to explain why.
- Award the funding on a first come first served basis until all of the funding has been awarded.
- Pay the grant funding directly to your bank account via BACS when you have provided your bank details and signed the 'acceptance of grant award conditions'.
- Evaluate how the money has been used to find out if it has been effective and shown value for money.
- Add your details to a contacts database.

Skills for Care will not:

- Pay for any other costs which were not included in your application.
- Adjust the funding to cover any price changes.
- Pay any money directly to a training provider.
- Pay any money directly to anyone else other than the person who needs care and support (or their appointed representative).
- Discuss the content of this application with anyone else (for example, your PA or training provider) without your written permission.
- Accept applications completed or submitted by training providers.

Data Protection

Skills for Care respects your right to privacy and any personal information you give us will only be used as set out here. Information you supply using any electronic form will only be used for the purpose stated on the form. Information you provide in emails will only be used for the purpose (which we reasonably believe) for which it was given. Beyond which is set out above, we will keep your personal data safe and secure and will not pass on your personal details to third parties without first receiving your permission, unless we are instructed to so do by a competent legal authority.

GET IT RIGHT

By ticking these boxes you are agreeing to the 'conditions of the grant funding' and wish to apply for funding (or are legally authorised by the employer to do so).

Declaration. By printing my name below I:

- accept and understand the 'conditions of the grant funding' including any applicable terms in **Section 7** (see guidance document)
- declare that the information provided in this application is correct and complete
- confirm that all necessary supporting documents will be sent with this application
- understand Skills for Care's obligations under the Data Protection Act.
- confirm that I am not applying to fund training for any delegated health care tasks included in the care plan I have agreed with my local NHS organisation and I understand that training (or the funding for training) for these essential tasks must be met by my local NHS organisation
- give Skills for Care permission to obtain information and updates about this funded training from the provider detailed in this application
- understand that failure to keep to the conditions contained here and in the guidance document could result in Skills for Care requiring the return of any monies paid to me under this grant
- wish to apply for funding.

SIGNATURE:

PRINT NAME:

DATE:

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You must **tick one** only to tell us where you heard about the funding (not the training). If you tick 'other' you must complete the box below.

Where did you hear about this funding?

- Applied before
- Skills for Care website
- Skills for Care enews
- Skills for Care employee
- My local council (local authority)
- User led or support organisation
- Social media e.g. Facebook or Twitter
- Other, please tell us in the box below
- My PA
- Skills for Care publication
- Skills for Care event
- Skills for Care email
- Learning Provider

Section 6 Sending in your application form and what happens next

GET IT RIGHT

Read guidance, Section 6.

If you do not, this may cause delays to the processing of your application.

Applications should be filled out and sent anytime before 5pm on 28 February 2018

You can send it by email to funding@skillsforcare.org.uk

or by post to
IE Funding
Skills for Care Ltd
West Gate
6 Grace Street
LEEDS LS1 2RP

YOU SHOULD send all necessary documents with your application (see guidance).

WE WILL let you know that we have got your application form.

WE WILL look at your application form and ask for more information if we need to, this may be by email, post or telephone.

WE WILL tell you if your application has been successful and when you will get the money.

YOU SHOULD book the training once you know you will get the money.

YOU SHOULD make sure all the training is completed.

YOU SHOULD send copies of completion certificates once the training is finished.