Individual employer funding
application form 2023/24

Fill in this application form to ask for money to pay for training.

**Please read** [**‘How to apply for funding for training’**](https://www.skillsforcare.org.uk/Funding/Individual-Employer-Funding/Individual-Employer-Funding.aspx)**.** By [CLICKING HERE](https://www.skillsforcare.org.uk/Funding/Individual-Employer-Funding/Individual-Employer-Funding.aspx) or going to [www.skillsforcare.org.uk/iefunding](http://www.skillsforcare.org.uk/iefunding).

To get funding you must:

* live in England, and
* be an adult (18 or older), and
* employs at least one personal assistant (PA) using
	+ an adult social care direct payment from your local council, or
	+ your own money

**NOTE:** Personal health budget (PHB) holders can’t access this funding in 2023/24 and should discuss training needs, and funding to pay for training with your PHB provider.

**Where did you hear about this funding?**

[ ]  Skills for Care

[ ]  My local council (local authority)

[ ]  My local health organisation (NHS)

[ ]  Learning provider

[ ]  User led or support organisation

[ ]  My PA

[ ]  Social media e.g. Facebook or Twitter

[ ]  Other:

**Part 1 Employer details – everyone needs to fill in this section.**

Details of the person who needs care and support.

If you act on behalf of an adult (18 or over) who needs care and support, please ALSO fill in Part 2 with your own details.

|  |
| --- |
| **Tick to say which document are you sending (you must send one)**[ ]  a current certificate of employer’s liability insurance, or[ ]  an official document from HMRC showing your tax employer reference, name and address |
| **First and last name** |  |
| **Age of person who needs care and support** |  |
| **Address and postcode** |  |
| **Phone number** |  |
| **Email** |  |
| **Number of PAs employed** |  |
| **PAs are funded by** | [ ]  a social care direct payment (LA)[ ]  I use my own money (self-funder) |
| **Which local council agreed your direct payment?** |  |
| **Please contact me by** | [ ]  Email [ ]  Telephone [ ]  Letter |

**Part 2 Employer not able to complete the form - Only fill this in if someone else is acting for the employer**

If you only provided **practical support** to fill in this funding application, you don’t need to complete this part (part 2), nor provide any further documents, and can move onto part 3.

If the employer is unable to apply themselves, they may have someone ask for the money for them – they are called a **nominated person**.

The **nominated person** should complete this part of the form and provide one of the documents listed below that says you’re officially able to act on their behalf. The document should contain the name of the person who needs care and support, and the person acting on their behalf.

|  |
| --- |
| **Tick to say which document are you sending (you must send one)**[ ]  Copy of a document showing lasting power of attorney status[ ]  Copy of a document showing court appointed deputy status[ ]  Letter or document from a local authority or health organisation[ ]  Letter or document from Jobcentre Plus or Dept for Work & Pensions[ ]  Letter or document from The Pensions Regulator |
| **First and last name** |  |
| **Address and postcode** |  |
| **Phone** |  |
| **Email** |  |

**Part 3 Details of training**

A maximum of five training courses per person named on this application form. Include the following documents:

[ ]  quote or invoice (incl. VAT) from the training provider which includes course content.

[ ]  quote, invoice or receipt of actual or expected travel costs (see guidance for details)

[ ]  quote, invoice, receipt or copy of a recent payslip for replacement PA costs (funding cannot be used to pay PAs to attend training).

| **Training course** | **Name and address of training provider** | **First & last names of the people being trained** | **Course** **start and** **end dates** | **Training course costs (incl. VAT) (£)** | **Travel costs (£) and mode of transport** | **Replacement PA (£), hours and rate used** | **Total cost** **per course (£)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total number of people attending training** |  | **Totals (£)** |  |  |  |  |

|  |
| --- |
| **Use this space to add any other information you think may be relevant to support your application, or where there wasn’t space to include it elsewhere on this form.**You don’t need to tell us details of your disability unless it’s relevant to the training you and your PA’s need or relevant to the way the training needs to happen. |
|  |

**Part 4 Bank details**

Tell us which bank account you want the money to be paid into.

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’.

Skills for Care will conduct security checks to ensure the bank account name matches the bank account number on this application.

We cannot pay the money direct to training providers.

|  |  |
| --- | --- |
| **Sort code** |  |
| **Account number** |  |
| **Name of account holder** |  |
| **Name of bank** |  |
| **Whose bank account is it?**Tick one of the following options | [ ]  Employer’s personal account[ ]  Direct payment account[ ]  Account managed on behalf of the employer[ ]  Other (please specify) |
|  |
| **Email to send receipt** |  |

**Skills for Care’s use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant number |  |  | Date application received |  |
| Experian Bank Wizard |  |  | Supplier code |  |

**Part 5 Conditions of the grant**

By signing and submitting this application form, you are declaring that you agree to the conditions of the grant, and you want to apply for this funding. Below is a summary of the relevant conditions.

Full conditions for all grants awarded by Skills for Care can be found [here.](http://www.skillsforcare.org.uk/iefunding) If we change or update the terms and conditions, we will let you know and check that you still agree to them.

**How and when this money must be spent**

* The money must be spent on relevant training or qualifications as outlined in this application.
* The money can be used to pay for travel to and from the training.
* The money can be used to pay for a replacement PA, whilst your usual PA is attending training.
* **The training must be paid for and started before 30 April 2024.**

**You cannot:**

* use the money to pay for things not included in your application
* use the money to pay for training for delegated health care tasks in your care plan, for self-employed PAs or PAs not employed by you
* ask for money to pay your PA to attend training
* ask for more money until any previously funded training has finished and completion evidence received by Skills for Care
* apply for money to pay for free training or qualifications
* transfer training funded to another learner without asking Skills for Care first
* 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.

**You must:**

* provide proof to Skills for Care of all costs with your application
* make sure the training provider is providing value for money and there are no conflicts of interest (e.g. where a trainer may be a family member)
* **send completion certificates for each training course no later than four weeks after the training has ended, 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 May 2024
* 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
* contact Skills for Care if anything in relation to this funding application changes as soon as possible so that funding records can be updated
* respond to any information requests made by Skills for Care and DHSC about this money.

**Skills for Care will:**

* add your details to a database so that we can process your application. Our [privacy policy](https://www.skillsforcare.org.uk/Site/Privacy-policy.aspx) says how we protect your personal information
* aim to process all applications that have been completed correctly and provided with proof of all costs within four weeks, where this is not possible, we will contact you to explain why
* award the money on a first come first served basis until all the available money has been awarded
* award the funding at their discretion under an agreement between Skills for Care and the DHSC
* pay the money directly to your bank account via BACS when you have provided your bank details and signed that you accept the conditions of the grant
* contact you to discuss the progress of the training outlined in your application form
* share your contact details with evaluators who are under contract with Skills for Care, ask you to provide a quote, fill in a survey or case study template to evaluate how the money has been used.

**Skills for Care will not:**

* pay for any other costs which were not included in your application.
* adjust the amount of money to cover any price changes
* pay any money directly to a training provider or anyone else other than the person who needs care and support (or their appointed representative)
* discuss the content of this application with anyone else without your written permission
* accept applications completed or submitted by training providers.
* award any money to pay for training for self-employed PAs or PAs not employed by you
* be responsible for the activities of any person, organisation or company you hire, or be responsible for any costs if you dismiss them.

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date** |  |

[ ]  Tick this box if you want a free copy of the
[employing personal assistants toolkit](http://www.employingpersonalassistants.co.uk/), which guides you through the process of recruiting, managing and training PAs.

[ ]  Tick this box if you want to be kept up to date with new resources, events and news for individual employers and personal assistants by signing up to a quarterly newsletter.

**Part 6 Sending us your application form and documents**

You can send us your application form and copies of the required documents any time between now and 5pm on 31 March 2024, 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

**What happens next?**

We’ll let you know that we’ve got your application.

We’ll have a look at your application and get in touch if we need any more information.

We aim to process your application in four weeks.

If your application is successful, we’ll let you know and transfer the money into the bank account that you have told us about on this form. We will send you an email to confirm when the money has been paid.

If your application is not successful, we will email you and explain why.

While you’re waiting, why not have a look at what else Skills for Care has to offer individual employers and personal assistants?

[www.skillsforcare.org.uk/individualemployers](http://www.skillsforcare.org.uk/individualemployers)