

Workforce Development Fund Direct Access Declaration Form 2023-24

Before completing and submitting your declaration form please read the <u>direct access</u> guidance and FAQs.

Please ensure you can answer yes to the following questions to confirm your eligibility to claim funding directly from Skills for Care:

- Are you in one of the listed eligible local authority (LA) areas?
 Click here to view the eligible LA areas.
 If you're not in an eligible LA area you can claim WDF through a partnership.
 Find out more here.
- Are the qualifications and learning programmes you're applying for funding for on the <u>list of funded qualifications and learning programmes</u>?
- Do you or will you have the relevant evidence you will need before making a claim?
 - You will need the certificate of the full qualification, learning programme or digital learning module and this must be dated between the 01 January 2023 to 31 March 2024.
- Please note: if you don't currently have the certificates but they are due by 31
 March 2024 then you can still proceed with this application.

To access the 2023-24 Workforce Development Fund (WDF), the completed Direct Access Declaration Form must be returned by **29 February 2024** to directaccess.wdf@skillsforcare.org.uk

WDF Direct Access Declaration Form 2023-24

This form is to be completed by employers accessing WDF directly (this does not include large national organisations with a direct grant agreement).

Your organisation's Adult Social Care	
Workforce Data Set (ASC-WDS)	
registered name	
ASC-WDS ID	
Your ASC-WDS registered address	
(including postcode)	
Your contact name	
Phone number	
Email (Email address must be	
completed or "no email" stated if	
you do not have an email address)	
Your organisation's website address	
Main care service you provide	
If other please specify here	
Number of employees in these	
workplaces	
CQC provider ID (must be completed	
or state not registered with CQC)	
CQC location ID for this service if	
applicable	
Name of learning provider	
If your contact details are different fi	rom above, please provide your details below
Address (including postcode)	T
Phone number	1
Email (Email address must be	
completed or "no email" stated if you	
do not have an email address)	

Declaration

- I confirm that we provide an adult social care service and directly employ care staff within England and that we're only able to claim for paid staff working within this organisation, for whom we have directly incurred costs for the specified learning, before we make a claim for funding.
- I understand that the Workforce Development Fund (WDF) is a contribution towards the costs of individuals in this organisation achieving relevant qualifications, learning programmes and digital learning modules and that if this is combined with any other funding, the total amount claimed will be equal to or less than the total cost incurred in achieving the learning.
- I understand that the amount of funding available to my organisation is limited to maximise the number of employers who can benefit from the funding.
- I understand that I need to inform Skills for Care of learning achieved and supply accurate and reliable evidence to claim the funding.
- I understand that we must keep clear and accurate records to evidence the funding spent and received for a period of 6 years and that I am required to supply information for audit purposes if requested by Skills for Care, the Department of Health and Social Care or a duly authorised representative working on their behalf.
- I understand that we must fully complete and/or update the required Adult Social Care Workforce Data Set data on or after 1 April 2023 to be able to access WDF until 31 March 2024 and confirm that the account data will be an accurate reflection of our service(s) and workforce.
- I understand that funding claims for a workplace can only be made through one WDF funding arrangement at any time and that any workplaces we claim funds for directly from Skills for Care cannot join a WDF partnership.
- I will notify Skills for Care if any of our workplaces are no longer eligible to claim WDF.
- I understand that if we claim any funds that we are not eligible for then we will have to repay the value of these claims in full to Skills for Care
- I accept that by claiming WDF directly I will be required to sign a grant letter with Skills for Care.

I TICK IIIIS DOX to COMMITTI YOU	u are the individual named below and you are authorised to make
this declaration on behalf of t	his organisation.
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Name	
Name	
Position in organisation	
Date	

For office use only:

XRM organisation reference	
XRM contact reference	
Grant letter issued	
Agreement number	
Notes	

Please list all the workplaces that you wish to claim funding for, which are based within the advertised local authority areas for which funding can be claimed directly.

Name of	Workplace address	ASC-WDS ID for	CQC location
workplace		this workplace	ID if applicable

Both parts of this form will need to be resubmitted if you wish to add new organisations throughout the year.

Name of	Workplace address	ASC-WDS ID for	CQC location
workplace		this workplace	ID if applicable

Name of workplace	Workplace address	ASC-WDS ID for this workplace	CQC location ID if applicable