

## 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](mailto: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 Thursday 28 February 2019.

**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](http://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 and a description of the content of the course
- 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)

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

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

<b>GET IT RIGHT</b>	<b>Sort code</b>	<input type="text"/>
<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>	<b>Account number</b>	<input type="text"/>
	<b>Name of account holder</b>	<input type="text"/>
	<b>Name of bank</b>	<input type="text"/>
	<b>Bank address</b>	<input type="text"/>
	<b>Bank postcode</b>	<input type="text"/>
	<b>Tick the most appropriate option.</b>	<input type="checkbox"/> Employer's personal account <input type="checkbox"/> Direct payment account <input type="checkbox"/> Managed account <input type="checkbox"/> Other (please specify):
	<b>Payment receipt email:</b>	<input type="text"/>

**Skills for Care's use only**

<input type="text"/>	Applicant number
<input type="text"/>	Applicant name
<input type="text"/>	FRED supplier code
<input type="text"/>	Date application received

### Section 3 Employer not able to complete application form?

<b>GET IT RIGHT</b>	<b>First and last name</b>	
<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 <b>necessary documents</b> that says you are able to act on behalf of the employer. See guidance for more information.</p>	<b>Address</b>	
	<b>Postcode</b>	
	<b>Phone</b>	
	<b>Email</b>	
	<b>Relationship with the employer</b>	<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 written permission to act on behalf of employer <input type="checkbox"/> A local authority or health representative with written permission to act on behalf of employer

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

Read guidance, section 4

<b>GET IT RIGHT</b>	<b>Maximum of 5 training courses per person.</b> This funding cannot pay for any delegated health care tasks agreed in any NHS care plan. You <b>must</b> send details of <b>all</b> costs & course descriptions. Add up all the costs for each <b>training course, travel and PA cover.</b>						
<b>Training Course</b>	<b>Name and address of provider</b>	<b>Who will attend the training course? First and last name</b>	<b>Course start and end dates</b>	<b>Training course costs (inc. VAT)</b>	<b>Travel costs</b>	<b>Replacement PA costs</b>	<b>Total cost per course</b>
<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 2018</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
<b>Total amount of money requested £</b>							

<b>GET IT RIGHT</b>	<b>How will this training help you as an employer?</b>
Say how this training with help you and your PAs	

Skills for Care understands that the information provided in these boxes may contain a “Special Category” type of data (data concerning health) as defined under the GDPR and the Data Protection Act 2018. By entering this information you are giving us your explicit consent to the processing of this data under the GDPR (Art 9. (2a)) and our lawfulness for processing this data is necessary for the performance of a contract to which you will or may be party (GDPR (Art. 6 (1b))). Please be

Any questions? Call 0113 241 1275 or email [funding@skillsforcare.org.uk](mailto:funding@skillsforcare.org.uk)

confident that we are committed to protecting your privacy and security and we comply at all times with the requirements under the GDPR and the Data Protection Act 2018. [Click here](#) to read our privacy policy on how we use your data.



## Section 5 Conditions of the grant

### Important information for YOU

#### GET IT RIGHT

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 and Social Care or NHS England 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 and have read and understood 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.
- The training must be paid for and started before 31 March 2019.

### 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.
- Apply for money to pay for free training or qualifications.
- Use the money for party political purposes or 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 2019.
- 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 (Please see our privacy policy here for how we protect your personal information).

#### **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.
- Award funding for self-employed PAs or PAs not employed by you.

#### **Data Protection**

Skills for Care (SfC) is committed to protecting your rights and freedom in safely and securely processing your data in accordance with all of our legal obligations, especially as laid down in the General Data Protection Regulation ((EU) 2016/679) ("GDPR") unless and until GDPR is no longer directly applicable in the UK, together with the Data Protection Act 2018 (DPA 2018). If this application is successful, we will hold personal data about you for the purpose of entering into an agreement with you and providing funding. We confirm that we will not hold this data for any longer than we need and we will never sell or share your personal data with third parties. For the purposes of the Data Protection Legislation, Skills for Care is the Data Controller. Please [see the privacy policy](#) which sets out how Skills for Care controls your personal data and outlines your rights as a Data Subject.

**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 2018.
- confirm that I am not applying to fund training for self-employed PAs or 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:**

**GET IT RIGHT**

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?**

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

## 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 2019

You can send it by email to [funding@skillsforcare.org.uk](mailto: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.