



# Skills for Care Workforce Development Innovation Fund 2019/20

Application form

Partnership or network name (if applicable):	
Lead organisation name:	
Total funding requested:	£



Skills for Care Ltd Registered Charity number 1079836. Registered in England company no. 3866683.  
Registered office West Gate, 6 Grace Street, Leeds, LS1 2RP VAT no. 853 0479 22GB

Skills for Care  
West Gate, 6 Grace  
Street, Leeds  
LS1 2RP

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## Section 1 – Lead organisation details

**Applications must be made by adult social care employers or a registered manager network being supported by Skills for Care. Applications may not be submitted by learning providers or consultants. All sections must be completed. Failure to do so will invalidate your application.**

Do you as the lead organisation have a charity, company or other reference or registration number? If so, please state it below. If your organisation is **not** registered as a company or charity, please tick the box provided.

Charity number	
Company number	
Other, please specify	

If you are an unincorporated association and not registered with the Charity Commission, please tick this box and send us a copy of your governing documents (for example, constitution or set of rules) with your outline proposal.

Is your organisation registered with the Care Quality Commission (CQC)?

Yes       No

If yes, please state your CQC provider id

Where is your partnership/organisation based? (Please tick all areas in which you are operating)

Eastern     Midlands     Yorkshire and Humber and the North East  
 North West       South West       London and the South East

In which areas will your project run? (Please tick all areas in which you will run this project)

Eastern     Midlands     Yorkshire and Humber and the North East  
 North West       South West       London and the South East

**Please note that the workforce Development Innovation Fund can only be utilised by Adult Social Care Employers based in England**

What type of organisation / business are you?	Choose an item.
If other please describe	
Does your organisation provide any training?	Choose an item.
If yes, is your training internal and/or external?	

**Lead contact details:**

Name of senior manager:	
Job title of senior manager:	
Registered address of lead organisation:	
Postcode:	
Phone number:	
Email address:	

**Primary contact details:**

Name of primary contact:	
Job title of primary contact:	
Address:	
Postcode:	
Phone number:	
Email address:	

**Please note that Skills for Care will only correspond with the lead contact and primary contact identified here. If these persons change you will need to let us know. Please ensure that details for 2 different people are completed here to ensure that there is a point of contact in case of absence.**

The following sections 2 to 5 form the critical part of your application and the answers given will determine the outcome of your bid. The character/word limit is restricted to the visible area in each box.

We have included some notes (highlighted in yellow) to help you answer the questions but ensure you read the guidance too.

## Section 2 – Innovation and project outcomes

**Check a box below to indicate which priority you are addressing. It is expected that you will only be addressing one priority.**

- Priority 1 – Developing Registered Nurses capacity
- Priority 2 – Enhance the impact of your registered managers' network
- Priority 3 – Developing future registered managers
- Priority 4 – Integration

### **2a: What is your project?**

Provide a clear and succinct summary of your project. If you will be using any third party organisations to deliver or evaluate your project, include brief detail of this and their role here.

**2b: What will you do to deliver your project?**

Outline the key stages, what you will do and who will be involved in each stage.

**2c: What are the (i) outputs and (ii) outcomes of your project within its duration and in the longer term?**

Outputs are activities, services and products produced, i.e. what is delivered. Outcomes are the changes, benefits, learning or other effects that take place as a result of the services and activities provided, i.e. what is achieved. You should explain what will be delivered and achieved during the life of the project and beyond. This must include any tangible products which can be shared with the sector. Any target numbers of participants must be included where relevant.

**(i)**

**(ii)**

**2d: What difference will the project make to your partnership / network / organisation by the end of the project and in the longer term?**

Outline the problems or issues that you are trying to solve through this project. You should make it clear what difference will be made by the end of the project, by the end of year 2 and in year 3+.

**2e: How will you sustain this project?**

Sustainability is how this work can continue beyond the life of Skills for Care funding.

**2f: If ongoing funding was available, what else would you do?**

Include here any plans you have for further development, refinement or expansion of the project or to transfer to different or new adult care settings once tested.

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**Section 3 – Beneficiaries of the funding**

**3a: Who will benefit from this project within its duration?**

Specify the number for each group within the table

Number of employers		
	Lead org.	Partners (if applicable)
Number of care workers / managers		
Number of volunteers		
Number of people who need care and support		
Other, please specify		

**3b: How will any external organisations, networks and the sector benefit from your project within its duration and in the longer term?**

Outline how any organisations who are not directly involved in the project, external networks or the wider sector will benefit if this application is funded. You should make this clear where benefits are by the end of the project and which are beyond the life of this funding.

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## Section 4 – Project costs

4a: **Provide a full cost breakdown of what it will cost to deliver the outputs of your project and provide a rationale as to why this represents value for money.** You must provide a full cost breakdown of your project broken down by the project outputs specified in question 2c(i). Where outputs include full qualifications the cost per qualification must be specified. You should also outline how this demonstrates value for money. **You must ensure that VAT is not added to your project costs as this is grant funding and a contribution to the cost of delivering your project and should therefore be treated outside the scope of VAT.**

<b>Total</b>	£

**4b: As this is a highly competitive fund, it may not be possible to award the full funding requested. If the scale of your project can be reduced, please provide details including the associated cost reductions.**

Detail where it would be possible to scale back the project if required and clearly specify where reduced costs would apply.

**4c: Detail any contribution that you will make to this project in terms of direct funding or in kind, and any other sources of funding that are being accessed.**

Direct funding is a financial contribution. In kind contributions are non-financial such as time commitment. Where other sources of funding are being accessed, please specify what the funding will be used for, whether it has been confirmed or when the outcome of an application will be known, and if there are any time restrictions on when it must be used by.

## Section 5 – Grant management

**5a: Outline how you have successfully delivered quality outcomes for grants/contracts in the past. This should include an outline of your monitoring systems.**

You need to demonstrate how you have delivered successful outcomes within agreed timescales previously. When outlining your monitoring systems, include how you will identify any deviation from your plan and your contingency measures.

## Section 6 – Grant summary

**Using the information presented in sections 2 and 4, please split your project down into 3 milestones.** Detail what you will deliver within each milestone and the evidence that you will submit to us to demonstrate that the output has been delivered or outcome has been achieved. A progress report completed on a template supplied by Skills for Care will be required for milestones 1 and 2. A project evaluation report and a case study completed on templates provided by Skills for Care will be required for milestone 3. Use section 6A to summarise all milestones and any evidence which is over and above the required reports. **If you are successful, all qualification outcomes must be claimed as part of milestone 3.** Any qualification outcomes must be detailed in section 6B.

**Milestone 1 - 40% of the grant value and must be submitted by 31 October 2019.**

**Milestone 2 - a further 30% of the grant value and must be submitted by 31 January 2020.**

**Milestone 3 - the final 30% of the grant value and must be submitted by 31 March 2020.**

	Milestone details	Evidence submitted
1		

2		
3		

**Section 6B**

**If you are including qualification completions as an outcome please provide details below.** The funding is for qualifications completed between August 2019 and 31 March 2020.

Qualification code	Name of qualification	Number to be completed

**Section 7 – Declarations**

**Declaration of interest**

Please refer to the application form guidance to determine if you need to make a declaration in this section.

Do you have anything to declare?  Yes  No

Lead organisations must declare if they or any organisation they may represent has any personal or material interest/links with Skills for Care. This applies to organisations or individuals who hold contracts with Skills for Care or organisations and individuals who are either committee members, trustees or acting in any other capacity for Skills for Care regarding this proposal.

Name	Declaration/Capacity

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**Lead organisation declaration**

- We confirm that all information provided in respect of our application for the Workforce Development Innovation Fund is accurate
- We confirm that we are employer led and that our members are adult social care employers if applicable
- We confirm that we have read and understood Skills for Care’s privacy policy as set out on your website.
- We confirm that the information provided in respect of declarations of interest is accurate. We undertake to advise Skills for Care immediately should any interest come to our notice after this grant is awarded
- We will ensure that all members are provided with the appropriate Skills for Care information and guidance if applicable
- We will ensure that members are aware that the funding is provided by Skills for Care if applicable
- We will maintain an effective communication channel between Skills for Care staff who are involved in this work as requested
- We will manage the grant in line with the agreed grant milestones and terms and conditions.
- We will provide relevant evidence of achievement as specified by Skills for Care in the format requested
- We understand that the Skills for Care reserves the right to make any resources produced as part of this project available to the sector
- We understand that we have a responsibility to maintain financial probity and a clear audit trail of funding spent
- We will provide unique Adult Social Care Workforce Data Set reference numbers and registered addresses for each of our and our members establishments and ensure they are fully eligible **where applicable**
- We understand that claims cannot be made via the Workforce Development Fund for any qualifications or learning programmes which are funded through this project
- We will complete the year end Annual Review and return by the specified date or participate in any evaluation of the funding if requested by Skills for Care.

**Please complete the section below** to confirm that you will take on the responsibilities detailed above on behalf of your organisation and behalf of all members of the partnership if applicable.

Name of lead contact:	
Job title of lead contact:	
Date:	

Tick this box to confirm: you are the named individual above; you are authorised to send this proposal document to us; you are authorised to sign on behalf of the lead organisation; you understand our obligations under the Data Protection Act.

**For validation purposes this proposal form MUST be returned by the authorised person named above.**