**Individual employer funding**

**application form 2024/25**

**The deadline for all applications is midday Friday 14 March 2025, please read the** [**terms and conditions (T&Cs) document**](https://www.skillsforcare.org.uk/resources/documents/Funding/IE/202425/IE-funding-application-T-and-C-24-25-final-2024-05-23v1.pdf).

To qualify for funding, you must:

* live in England, and
* be aged 18 or older, and
* employ or contract\* with at least one personal assistant (PA) using;
  + an adult social care direct payment from your local council, or
  + your own funding, or
  + using a personal health budget from continuing health care (CHC).

The funding can pay for training for **you as an individual employer** and for the **personal assistants** you employ or contract\* with.

\*Contract means individuals who are genuinely self-employed.

People can check whether they are self-employed with HMRC:

* [online using the check employment status for tax tool](https://www.gov.uk/guidance/check-employment-status-for-tax)
* [by phone](https://www.gov.uk/government/organisations/hm-revenue-customs/contact/status-customer-service-team).

We ask for evidence to ensure that self-employed PAs are genuinely self-employed. This fund can’t be used to pay for PAs who are employed by an organisation.

**Where did you hear about this funding? (optional question)**

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 (please say which app).

other:

|  |  |
| --- | --- |
| **Please indicate all that apply** |  |
| I live in England |  |
| I am aged 18 or older |  |
| I employ or contract\* with at least one personal assistant (PA) |  |
| I employ staff using an adult social care direct payment from my local council |  |
| I employ staff using my own money |  |
| I employ staff using a personal health budget |  |
| I contract with a Self Employed personal Assistant using an adult social care direct payment from my local council |  |
| I contract with a Self Employed personal Assistant using my own money |  |
| I contract with a Self Employed personal Assistant using a personal health budget |  |

**Part 1: About the person who uses support – everyone needs to fill this in.**

|  |  |
| --- | --- |
| Full Name |  |
| Age |  |
| Address with postcode |  |
| Email and/or phone number |  |
| Number of PAs |  |
| Name of the council or health authority providing your PHB or direct payment if applicable |  |
| Preferred form of contact | Email  Phone  Post |

|  |  |
| --- | --- |
| **Tick to say which documents are you sending to evidence that you:** | |
| **Are an employer** | **And/or contract with self-employed PA(s) (SEPA)** |
| your current certificate of employer’s liability insurance, or  a recent document from HMRC showing your tax employer reference, name, and address. | the SEPAs current certificate of public liability insurance, showing they work as a PA or  a recent document from HMRC showing their self-employed status, name, and address. |

**Part 2: Fill this in if you are a nominated person** **applying for this funding on behalf of someone else**.

If the employer does not have the mental capacity to apply themselves and agree to the terms and conditions, they may have someone to apply for them – they are called a **nominated person**.

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 on to part 3.

|  |  |
| --- | --- |
| please provide evidence that you are authorised to act on behalf of the person using support.  Tick to say which document you are 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  other.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Full name |  |
| Address and postcode |  |
| Email and/or phone number |  |

**Part 3: The training you want to fund**

You can ask for money to pay for up to five training courses per person. Once that training is completed you can apply again for more training.

Please include the following documents:

Quote or invoice, flyer or website screenshot from the training provider, showing a summary of the course content and the costs (incl. VAT).

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, only replacement care costs).

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

|  |
| --- |
| **Tell us more about the costs of the training.**  We have found that typical costs of training are around;   * £50 - £150 per person per day, and * £4,000 in total   **If the costs of the training fall outside these ranges, please explain why.**  This doesn’t mean that your application is less likely to be funded, we just need to understand the reasons. |
|  |
| **Use this space to add any other information you think may be relevant to support your application.**  You don’t need to tell us details of your disability or health condition unless it’s relevant to the training that you and your PA’s need, or relevant to the way the training needs to be delivered. |
|  |

**Part 4: Bank details**

If the money is being paid into an account other than the employer's, you must tell us why in the additional information box.

We cannot pay the funding directly to the training provider.

|  |  |
| --- | --- |
| Sort code |  |
| Account number |  |
| Name of account holder |  |
| Bank details | Employer’s account  Direct payment account  Account managed on behalf of the employer  Other (please specify). |
| Name of bank |  |
| Additional information if needed |  |

**Part 5: Agreeing to the terms and conditions**

By submitting this application form, you agree you want to apply for this funding and agree to the terms and conditions.

|  |  |
| --- | --- |
| Print Name |  |
| Date |  |

Tick this box to confirm you have read and agree with the terms and conditions.

Tick this box if you want a free copy of the employing personal assistants toolkit, which guides you through recruiting, managing and training PAs.

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

**Sending us your application form and documents**

You can send us your application form and copies of the required documents by midday Friday 14 March 2025 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

**What happens next?**

* We’ll let you know we’ve received your application and contact you if we need more information. We will give you a decision within four weeks.
* If your application is successful, we’ll transfer the money into the bank account you told us about on this form. We will email you to confirm when the money has been paid.
* If your application is unsuccessful, we will email you, explain why and support you to reapply if you are eligible.
* You can check out our other resources: [www.skillsforcare.org.uk/individualemployers](http://www.skillsforcare.org.uk/individualemployers)