

Skills for Care.

Grant application (ULO / DPO)

Funding to pay for the learning and development of personal assistants (PAs) and individual employers (IEs)

2025/2026

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| **Organisation name**Name of the lead organisation that will be legally responsible for this grant. |  |
| **Total funding requested**The total amount, in pounds, that you would like, to be able to deliver or commission training for IEs and PAs, including any VAT. The spreadsheet will calculate this for you. | £ |
| **In applying we confirm we have read & accept the guidance covering eligibility and criteria.** |  |

**Before completing the application, please read the** [**guidance**](https://skillsforcare.sharepoint.com/%3Aw%3A/r/sites/WorkforceInnovationTeam/Shared%20Documents/WCT%20Public/25%2026/IE%20ULO%20fund/ULO%20fund/Marketing-website/Guidance%20-%20ULO%20funding%2025-26%20final.docx?d=w8b2be5ab71bc492c82d6343fbec33744&csf=1&web=1&e=SPeIGN) **and all the questions on this form.**

**IMPORTANT:**

* Write within the boxes only.
* Many of the text boxes have a word limit.
* Do not save this application as a PDF as it will be rejected.

**Queries**

If you have any questions about this funding, or require support to complete the application, please contact funding@skillsforcare.org.uk or call 0113 241 1275.

**Section 1: Organisational details**

**Is this proposal to be delivered;**

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| By your organisation only? |  |
| In partnership with at least one other organisation? (please give the number) |  |
| Please list the names of all partnership organisations;* .
* .
* .
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If you plan to work with more than one other organisation, please use the appendix for each organisation as additional contact and consent sheets.

**Lead Organisation details**

If any of these details change, you must inform Skills for Care as soon as possible.

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| Full address including postcode |  |
| Charity number if there is one |  | Company number if there is one |  |
| Other (please specify) |  |
| [ ]  If the lead organisation is 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. |
| Local authority areas covered |  |
| **Senior manager:** | Details of the person who has the authority to sign and submit this application on behalf of your organisation (section 4). |
| Name |  |
| Phone number |  |
| Email |  |
| **Primary contact:** | This is the day-to-day contact for the project and should be different from the senior manager you have named above. |
| Name |  |
| Phone number |  |
| Email |  |
| **Secondary contact:** | This is the contact for the project should neither the senior manager nor primary contact be available, and who should be able to progress the project in their absence. |
| Name |  |
| Phone number |  |
| Email |  |

**State the approximate number (rounded to the nearest hundred) of people to whom your whole partnership (or organisation if you are applying singly) provides a service** (This means people who your organisations have a **direct** relationship with, and for whom you have **direct** access to their contact details.)

* Use exact whole numbers only, not words or ranges.
* If your organisation provides a service to others who are not included here, provide details and any further information in the space provided (‘Others’).

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| Employers who are self-funders |  |
| Employers who receive direct payments from their local authority |  |
| Employers who are using a personal health budget |  |
| Personal assistants (PAs) total |  |
| *And of these, If known PAs employed using a social care direct payment* |  |
| *And of these, If known PAs employed using a personal health budget* |  |
| *And of these, If known PAs contracted as self employed* |  |
| Others, please specify below: |  |
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**How many people additional to the above do you estimate you are able to contact via your members / network?** People who you do not have direct contact with, but who you could contact via your members rounded to the nearest 100.

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| Individual employers |  |
| Employed PAs |  |
| Self-employed PAs |  |
| Others, please specify below: |  |
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**Describe how your organisation or partnership is user-led:** up to around*500 words .*

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**If your application is a partnership; Outline the benefits of this partnership for you and any or all partners and how the partnership was formed:** Give details of each partner’s contribution (for example, advice, the offer of training, access to additional resources). *Up to around* *500 words*

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**Summarise any financial arrangements made between your partners:** Tell us how the funding will be split between your organisation and the partners (including any professional fees that will be paid to any partners and what they are for), and how that money will be managed between you and the partners to ensure the partners meet milestones and/or objectives. Up to around *500 words*

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**If you are applying as a single organisation; please explain why this is the best way for your proposal to be delivered.** *Up to around 500 words.*

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**Section 2: Project deliverables and outcomes**

List the learning and development activities and other outcomes on the full cost breakdown spreadsheet. You can [download it here](https://skillsforcare.sharepoint.com/%3Ax%3A/r/sites/WorkforceInnovationTeam/Shared%20Documents/WCT%20Public/25%2026/IE%20ULO%20fund/ULO%20fund/Marketing-website/Application%20full%20cost%20breakdown%20ULO%20funding%202025.xlsx?d=we2499152388940a5b05672de818ea81e&csf=1&web=1&e=b2kBkz). Instructions and an example have been included within the spreadsheet.

**You can use the box below to give more detail about the training you want to deliver or commission.**

The panel have prior knowledge of the challenges facing IEs, PA development and recruitment, as well as the range of resources available to support them. **Do not** include this in your application.

You will have the opportunity to explain why the training is needed and how it will be promoted later in this application, so you **do not** need to include this here. *Up to around 1,000 words.*

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**How do you know this learning and development is needed and that the training you intend to provide, and the way you will deliver it, is the right solution?**

Tell us how you have carried out, or used research, or undertaken a learning needs analysis with IEs and PAs to provide a rationale and evidence that what you are proposing is needed and wanted by IEs and PAs.

*Also please say how this training will benefit those undertaking the learning in the short and longer term*

*Up to around 500 words.*

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**How will you promote your funded learning and development?**

You should say how you are going to promote this training and the Individual Employer fund, to people who are and are not members of your organisation, if applicable, ensuring that you have permission to access their contact details.

**Acknowledging Skills for Care;** During this project, all promotion of the training should include the ‘funded by Skills for Care’ logo. If successful, you will be sent a declaration form and the logo.

*Up to around 500 words.*

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**How will you support IE’s and PAs to consider, plan and meet their individual training needs?** This could include; accessing e learning, local colleges, Liaising with other funded ULOs and using SFC resources (for example [information hub for IEs and PAs](http://www.skillsforcare.org.uk/iepahub), and [individual employer funding](http://www.skillsforcare.org.uk/iefunding) ).  *Up to around 500 words.*

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**Are you willing and able to co-ordinate and promote the delivery of learning and development across the range of funded organisations?**

If so, please describe how you will do this, quantifying the number of activities where you can (for example how frequently you will collect information, update a webpage and / or make social media posts) and use the costing sheet to explain the costs of this.  *Up to around 500 words.*

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**Please estimate how many individual people you expect to attend the training or engage in learning overall**

**IMPORTANT NOTE:** This is different to the number of learning outcomes you expect to be achieved with the funding which will be listed on the spreadsheet. We would expect the number of individuals attending training to be lower than or equal to the number of learning outcomes achieved. This is because an individual may attend more than one training course. For example, In the case where you expect one (1) learner to attend three (3) training courses, you should count them as one (1) learner. Learning outcome details will be captured on the full cost breakdown spreadsheet (section 4).

You must use exact whole numbers only in this estimate (words or ranges will not be accepted).

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| **Learner type** | **IEs** | **Employed PAs** | **Self-employed PAs** |
| Funded by the employer’s own money |  |  |  |
| Funded by direct payment from a local authority adult social care |  |  |  |
| Funded by an NHS personal health budget |  |  |  |
| prospective PAs as part of a structured pre-employment programme. |  |  |  |
| pre-employer training for those pre-approved for a social care direct payment or personal health budget or committed to employing or contracting PAs using their own money. |  |  |  |
| Others, please specify below: |  |  |  |
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| **Totals:**  |  |  |  |

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**How will this project be managed and how will you ensure the activity, including all learning or training, is completed within the advertised timescales?**

You should use this section to tell us:

* Who is the person responsible for delivering this project (name and/or job role)
* what project methodologies (e.g. structured approaches for planning, developing, controlling and delivering a project) will be used to ensure it is delivered within the timescales.

*Up to around 500 words.*

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**Optional space for anything else you want to tell us.** For example, any other aims such as improved relationship with your members or partners, ecological or economic benefits for your area.

*Up to around 500 words.*

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For example, this may result in an improved relationship with your members or partners

**Section 3: Costs**

Complete and submit the full cost breakdown spreadsheet that was provided with your application. You can [download it here.](https://skillsforcare.sharepoint.com/%3Ax%3A/r/sites/WorkforceInnovationTeam/Shared%20Documents/WCT%20Public/25%2026/IE%20ULO%20fund/ULO%20fund/Marketing-website/Application%20full%20cost%20breakdown%20ULO%20funding%202025.xlsx?d=we2499152388940a5b05672de818ea81e&csf=1&web=1&e=b2kBkz) Instructions and an example have been included within the spreadsheet.

**Explanation and further information about the costs.**

Use the box below to tell us;

* how you have checked that your training and resources represent value for money. For example, explain that you have carried out some cost comparisons and obtained quotes prior to submitting your application for funding.
* You can include any ‘added value’ that you expect your organisation to receive during the project.
* List any particularly large items of expenditure necessary for the delivery; for example, subscriptions, equipment hire etc.
* **Where your training costs are outside the range of around £25 - £150 per person, per day, please explain the reasons. *(this should not imply that you should not apply for this training simply that it requires a justification)*** If you are proposing to undertake the co-ordination and promotion of the delivery of learning and development across the range of funded organisations, please explain how the money for this will be spent.
* Anything else you want to tell us about the costs.

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**Section 4: Declarations**

**Declarations of interest**

This declaration must include details of any interests held by you or any of the partner organisation(s) that you identified in Section 2.

You must declare if your organisation, any person within your organisation or any individuals you represent have 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 or acting in any other capacity for Skills for Care regarding this proposal.

Do you have anything to declare? [ ]  Yes [ ]  No

If you select yes, you must provide details (name, organisation and capacity/declaration).

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| **Name** | **Organisation** | **Capacity/Declaration** |
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**Organisation declaration**

* We understand this tendering process is being undertaken subject to confirmation of funding from the Department of Health and Social Care.
* We confirm that all information provided in this application for funding is accurate.
* We confirm that the information provided in respect of declarations of interest above is accurate. We undertake to advise Skills for Care immediately should any interest come to our notice after the grant letter is issued.
* We confirm that we have read the appropriate Skills for Care [guidance](https://skillsforcare.sharepoint.com/%3Aw%3A/r/sites/WorkforceInnovationTeam/Shared%20Documents/WCT%20Public/25%2026/IE%20ULO%20fund/ULO%20fund/Marketing-website/Guidance%20-%20ULO%20funding%2025-26%20final.docx?d=w8b2be5ab71bc492c82d6343fbec33744&csf=1&web=1&e=SPeIGN).
* We understand that Skills for Care will announce, using several channels (website, information hub for IEs and PAs, newsletters and social media), which ULOs have been awarded funding. This will include details of their partner organisations and type of training that is expected to be delivered during the project.
* We will maintain an effective communication channel with Skills for Care staff who are involved in this work, as requested.
* We will ensure that staff within our organisation and those that benefit from the training are aware that the funding is provided by Skills for Care.
* We confirm that we will deliver, or commission learning, training, or development based the needs of IEs and PAs as outlined in this application; and inform Skills for care if we feel that significant variation would be beneficial.
* We confirm that we will maintain accurate records of training delivered and learning achieved and provide these to Skills for Care upon request.
* We will provide the interim report when required and will participate in follow up group and performance review meetings, and we will provide the final evaluation report.
* We understand that Skills for Care may share good practice and learning from the funding of this project with the wider adult social care sector through the development of case studies.
* We will participate in any evaluation of the funding if requested by Skills for Care.
* We understand that we have a responsibility to maintain financial probity and a clear audit trail of funding spent.
* We are aware that this grant is awarded at the discretion of Skills for Care Ltd.
* We understand that this grant is recoverable to the extent that, if it is not used for the purposes for which it is given, Skills for Care Ltd reserves the right to reclaim part or all of the grant and the right is reserved to discontinue the grant before it is paid in full.

[ ]  Tick this box to confirm that you are the individual named below, you are authorised to sign on behalf of the organisation and you understand our obligations under the Data Protection Act[[1]](#footnote-2).

|  |  |
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| **Name of authorised signatory:** |  |
| **Job title of authorised signatory:** |  |
| **Date:** |  |

For validation purposes this application form **MUST** be returned by the authorised person named above (i.e. the senior manager).

**END OF APPLICATION**

All applications (this form, any required appendices and the full cost breakdown spreadsheet) must be sent by email to **funding@skillsforcare.org.uk** by 12 noon on Tuesday 20 May 2025. We will send you a confirmation email shortly after we receive your application.

We will not accept any applications that are received after the deadline. Please allow enough time to submit your application as the final deadline is non-negotiable.

PDFs received by email and paper copies sent by post will not be accepted.

APPENDIX DETAILS FOR PARTNER ORGANISATIONS, please copy as many times as needed.

**Partner Organisation details**

If any of these details change at any time, you must inform Skills for Care as soon as possible.

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| Full address including postcode |  |
| Charity number |  | Company number |  |
| Other (please specify) |  |
| [ ]  If this partner is 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. |
| Local authority areas covered |  |
| **Senior manager:** | Details of the person who has the authority to consent to this application on behalf of your organisation |
| Name.  |  |
| Type ‘YES’ in this box to indicate that this organisation has consented to be part of this partnership application |  |
| Phone number |  |
| Email |  |

1. Skills for Care’s [Privacy Policy](https://www.skillsforcare.org.uk/Privacy-and-legal/Privacy-policy.aspx). [↑](#footnote-ref-2)