

Skills for Care Workforce Development Fund 2024-25

Application form for
large national
organisations

Organisation name	
Total number of qualifications / apprenticeships included (taken from page 9 of this application)	
Total value of qualifications / apprenticeships requested (taken from page 9 of this application)	£

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PLEASE COMPLETE ALL SECTIONS OF THESE FORMS – ANY SECTIONS NOT COMPLETED COULD INVALIDATE YOUR APPLICATION.

Section 1 – Organisation details

Applications from consultants or learning providers wishing to act on behalf of your organisation will be automatically disqualified.

- Do you have a charity, company or other reference or registration number? If so, please enter it in the box below.
- If your organisation is **not** registered as a company or charity, please tick the box provided below.
- If your organisation is registered with the Care Quality Commission (CQC) you need to provide your CQC provider ID in the box below or state not registered.

Charity number	
Company number	
Other (please specify)	
CQC Provider ID	

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

Please indicate which areas you operate in (check a minimum of two boxes):

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

What type of organisation / business are you?	
If other, please describe	
Does your organisation operate a commercial training arm from which you generate income from external organisations?	

Is the applicant organisation a subsidiary of another company, as defined by Section 736 (1) of the Companies Act 1985? Yes No

If yes, please give details of the ultimate holding parent company	
Name:	
Registered office address:	
Registration number:	

Please note that the Workforce Development Fund (WDF) can only be accessed by adult social care employers in England

Name and registered address of organisation

Lead contact details:

Name of senior manager	
Registered address of organisation	
Postcode	
Phone number	
Email address	

Name and address (if different from above) of one person who will lead on the administration of this contract

Primary contact details:

Name of administrator	
Address	
Postcode	
Phone number	
Email address	

Please note that Skills for Care will only correspond with the lead and primary contacts identified here. If these people change you will need to let us know.

Section 2 - Workforce planning and promotion of the Workforce Development Fund (WDF)

2a(i) Is your organisation part of a group?

Check the relevant box.

Yes No

If no, go to 2b.

2a(ii) Are any other organisations within the group applying for the WDF as a large national organisation?

Check the relevant box.

Yes No

If no, go to 2b.

2a(iii) If yes, please specify the name of the applying organisation(s).

Leave blank if not applicable.

2a(iv) If you're making an application for a group, please include the trading names of the social care providers.

Leave blank if not applicable.

2b(i) How many members of staff do you employ to deliver adult social care within the applicant organisation(s) in England?

If applying for multiple organisations within a group, please provide the number per organisation.

2b(ii) How many of these staff do you intend to claim funding for?

If applying for multiple organisations within a group, please provide the number per organisation.

2c What are your key workforce development objectives for the next year? How have you identified the workforce planning needs of your organisation?

Specify the key workforce development objectives for your business for the next. Explain the methodology used to identify the needs of your staff and inform your bid. You should ensure this relates to section 4 of this application.

2d What is your organisation's policy concerning staff being able to access learning and development and how will any WDF award enhance this?

Explain how members of staff can access learning and development and the criteria used. This question may bring in elements of your workforce development plan. The value added by accessing the fund to your organisation, staff and people you support should also be included here.

2e Do you have any learning on the funded qualifications and apprenticeships list which started on or before 31 March 2024 and which will not complete by 31 March 2025? If so, please provide details.

Include the qualification names, qualification number (QAN) and the number of qualifications affected

2f Who is providing the learning and development that will be funded through the Workforce Development Fund if your application is successful?

Please provide the organisation name and website address of your learning provider(s). If any of the learning will be delivered by an inhouse training team/centre please ensure this is also included.

Section 3 – Grant management and relationship with Skills for Care

3a How will you manage the Adult Social Care Workforce Data Set (ASC-WDS) requirements for the WDF?

Explain the process you will follow to complete or maintain your ASC-WDS account, including the intended frequency of updating your data and your target date for achieving eligibility. If applicable you should detail what support you'll offer your workplaces if you devolve this responsibility to workplace level.

3b How will you effectively manage your WDF grant if you're successful?

Ensure your response explains: how you'll ensure you meet your milestones/any corrective action you'll take if you're unable to do so; how you'll ensure your claims are accurate; the resource available to administer your claims and how you'll ensure staff are effectively trained as well as any contingency measures you have in place in case of absence or changes in personnel.

3c How will you engage with Skills for Care to ensure a mutually beneficial working relationship and how will you promote the wider Skills for Care support offer within your organisation and through your networks?

Outline how you want to work with us to claim the grant, drawing on examples of where you have worked well with our staff and the benefits, and demonstrate how contracting with you will add value to both you and Skills for Care and support promotion of our work to the wider adult social care workforce.

Section 4 - Outputs and funding

Summarise below the anticipated outputs of the funding

Only include qualifications and apprenticeships which started on or before 31 March 2024 and will complete by 31 March 2025

Qualifications & apprenticeships (check the list of funded qualifications & apprenticeships)		
	Number of qualifications / apprenticeships	Value of qualifications / apprenticeships
Level 2 awards		£
Level 3 awards		£
Level 4 awards		£
Level 2 certificates		£
Level 3 certificates		£
Level 4 certificates		£
Level 5 certificates		£
Level 2 diplomas (standalone)		£
Level 3 diplomas (standalone)		£
Level 4 diplomas (standalone)		£
Level 5 diplomas (standalone)		£
Diplomas completed within the Adult Care Worker apprenticeship standard (level 2)		£
End point assessment / completion of the Adult Care Worker apprenticeship standard (level 2)		£
Diplomas completed within the Lead Adult Care Worker apprenticeship standard (level 3)		£
End point assessment / completion of the Lead Adult Care Worker apprenticeship standard (level 3)		£
Diplomas completed within the Lead Practitioner in Adult Care apprenticeship standard (level 4)		£
End point assessment / completion of the Lead Practitioner in Adult Care apprenticeship standard (level 4)		£
Diplomas completed within the Leader in Adult Care apprenticeship standard (level 5)		£
End point assessment / completion of the Leader in Adult Care apprenticeship standard (level 5)		£
Total number and value of qualifications / apprenticeships requested in application		£

Section 5 - Declarations

Declarations of interest

Do you have anything to declare?

Yes No

You must declare if your organisation or any person in your organisation has any personal or material interest/links with Skills for Care. For example, if any individual in your organisation is a committee member, trustee or acting in any other capacity for Skills for Care then we require this to be disclosed at this point.

Name	Organisation

Organisation Declaration

- We confirm that all information provided in this application for the Workforce Development Fund is accurate and that we have only requested funding for qualifications and apprenticeships that started on or before 31 March 2024 and will complete by 31 March 2025.
- We confirm that the information provided in respect of the 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 if this application is successful.
- We confirm that we have read the appropriate Skills for Care information and guidance.
- We confirm that we have read and understood Skills for Care's privacy policy as set out on your website.
- We will maintain an effective communication channel with Skills for Care staff who are involved in this work as requested, to include providing regular progress updates with our lead contact and to ensure that any concerns are raised with Skills for Care in the first instance.
- We will manage the grant in line with agreed grant milestones and terms and conditions.
- We will ensure that staff in our organisation are aware that the funding is provided by Skills for Care.
- We will provide the unique ASC-WDS reference number and registered address for each of our workplaces.
- We will ensure that we create a staff record in ASC-WDS for every learner that we want to claim funding for, and the record will include the learner's name.
- We will ensure that all our workplaces are fully eligible.
- We understand that if we are successful in our application for the Workforce Development Fund as a large national organisation all our workplaces will claim funding via this grant.
- We will provide relevant evidence of achievement as specified by Skills for Care in the format requested.
- We understand that the Skills for Care funding is a **contribution** to the cost of individuals' learning and development.
- We understand that we have a responsibility to maintain financial probity and a clear

audit trail on funding spent.

- 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.

Name of authorised signatory	
Job title of authorised signatory	
Date	

Check this box to confirm that you are the named individual above, you're authorised to sign on behalf of the organisation and you understand our obligations under the Data Protection Act.

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