

Please read the accompanying **Guidelines** before completing this form. You will need to attach copies of your latest **accounts**, **employers' liability** and relevant **health & safety** documentation, and send your completed application to Soirbheas Community Development Manager (details at the end of the form). **For grant deadlines please see the website <https://www.soirbheas.org/apprenticeship-programme/>.**

Section 1 - YOUR CONTACT DETAILS

Contact name:	
Contact phone number:	
Alternative contact number:	
Email address:	
Website (if relevant) or social media pages:	
Home address:	Postcode:

Section 2 - YOUR BUSINESS

Name of business:			
Nature of your business:			
Address at which your business is based: <i>If different than your home address</i>	Postcode:		
Which geographic area does your business serve? <i>Priority will be given to businesses primarily based or who serve Glen Urquhart and or Strathglass</i>			
Number of employees:		Number of previous/ current apprentices:	
Do you have employee and public liability insurance?	Employee: Yes No (please circle)	Public Liability: Yes No (please circle)	
Can you provide evidence of relevant health & safety compliance? <i>eg. relevant insurances, Health & Safety Policies or evidence of registration with either the Health & Safety Executive or the Highland Council.</i>			Yes No (please circle)

Section 2 - YOUR BUSINESS (continued)

Your company number (if applicable):	
Your turnover for the last accounting year:	
Your profit/loss for the last accounting year:	
The value and nature of any assets associated with the business:	
The value and source of any loans associated with the business:	
Other sources of funding associated with your business:	
Is your business/organisation VAT registered? <u>VAT is not an eligible project cost unless you are unable to reclaim VAT.</u>	Yes No (please circle)

3. THE APPRENTICESHIP POSITION

The type of apprenticeship to be followed:			
Likely start/finish dates:	Start:	Finish:	
Who will provide the accredited training?			
What qualification will the apprentice be working towards?			
Do you already have a suitable candidate you are keen to appoint? (If No please complete continue to Section 4)	Yes No (please circle)		
Name of apprentice:			
Age at date of application:		Date of birth	
Address: <i>Priority will be given to young people who reside in either Glen Urquhart or Strathglass</i>	Postcode:		
Current qualifications:			

How did you identify/recruit the individual? <i>Please demonstrate that an open recruitment has taken place.</i>	Priority will be given to businesses primarily based or who serve Glen Urquhart and or Strathglass and to young people who reside in either Glen Urquhart or Strathglass.
How have you identified this young person?	
Is the individual related to you or have a close link with you?	No or Yes <i>If Yes, please confirm the relationship</i>

Section 4 - MAKING A DIFFERENCE

What difference do you anticipate the Apprenticeship grant will make to your business? <i>Please provide as much information as possible.</i>
What difference do you anticipate the Apprenticeship grant will make to the apprentice? <i>Please provide as much information as possible.</i>
What difference do you anticipate the Apprenticeship grant will make to the wider community? <i>Please provide as much information as possible.</i>
How will the skills be transferred to the apprentice? <i>Please provide as much information as possible.</i>

How will you monitor the progress of the apprentice? *You will be required to provide regular progress reports to Soirbheas. e.g. regular reviews, college attendance, achievements in the work place, video diary.*

Section 5 - REFEREES

Please provide names and contact details of two independent referees who we can contact about your business and interest in this scheme.

1 st Referee - Name:		
Contact details:	Tel:	Email:
How do they know you/your business?		
2 nd Referee - Name:		
Contact details:	Tel:	Email:
How do they know you/your business?		

Section 6 - Apprenticeship Budget

Please provide the budget for this position (including those costs incurred by the apprentice) on the next page. Please explain these costs in the budget under the relevant headings (e.g. industry standard wage rates, protective clothing needed with costings, etc.) **The employer/business must pay a salary rate of at least 20% above the minimum starting wage (from 1 April 2022 the minimum starting rate is £4.81 per hour for apprenticeship under 19 or over 19 in their first year of their apprenticeship <https://www.gov.uk/national-minimum-wage-rates>).**

You should clearly indicate how the post will be financed – this might be from your own business, grants from industry bodies or entitlements the apprentice may have via the Modern Apprenticeship programme. Any costs that you are applying to Soirbheas for, must be clearly indicated by highlighting Soirbheas as the funding source.

Please note maximum amount of financial support to any business over the duration of an apprenticeship period is a total of £22,500 (over a maximum of 3 years). The final amount awarded will vary depending on the age of the apprentice at the start of the apprenticeship, the needs of each business, the apprenticeship being undertaken and availability of other funding. The scheme will pay a maximum of 80% in year 1, 60% in year two, 40% in year 3 of the wage costs. Plus, up to £1,000 towards equipment directly for the benefit of the apprentice.

VAT is not an eligible project cost unless you are unable to reclaim VAT.

Section 6 - Budget (You can provide your own spreadsheet)

Name of Business:			Hours of work per week:		Holidays per year:	
Cost/item	Year 1 Date:	Year 2 Date:	Year 3 Date:	Total	Funding Source (highlight cost you wish Soirbheas to fund)	Confirmed Yes/No
Salary (whilst in the workplace and attending college) Rates changes annually on 1 st April	Hourly Pay Rate: Annually Salary:	Hourly Pay Rate: Annually Salary:	Hourly Pay Rate: Annually Salary:			
Equipment						
Protective clothing						
Course fees						
Travel to college						
Other: _____						
Other: _____						
Other: _____						
Total:						

Section 7 - Completing Your Application

Please ensure the following information is provided with the application:	Tick
Copy of latest Accounts	
Copy of Insurance Certificate	
Relevant Health & Safety documentation	
Apprenticeship Budget (Section 6 or your own spreadsheet)	
Other supporting information	

Declaration

I confirm that to the best of my knowledge the information provided in this application is correct and that I am authorised on behalf of the business to sign this form.

Signed:		Print Name:	
Position in Business:		Date:	

Your application will be considered, and further information may be requested before a decision can be made. If your application is successful, the final grant awarded will be dependent on the specific needs associated with that apprenticeship therefore the more information you can provide to support your application the better.

Please return your completed application by email to tinamorrow@soirbheas.org