East Renfrewshire COUNCIL

ECONOMIC DEVELOPMENT

www.eastrenfrewshire.gov.uk

Business Training Support
Application Form

Reference number: For official use only	

Notes To Assist In Completing This Application Form

Company Details

Page 3

To be completed in full.
Contact must be Owner/Director

Business Details

Page 4

To be completed in full to establish eligibility for training grant.

Purpose Of Training

Page 5

Please detail what difference this training will make to your business.
This information will be used to assist in the appraisal of your application.

Trainee Information

Page 6

This information must be completed in full as it is used for Equal Opportunities Monitoring purposes.

Programme Details

Page 8

To be completed by named Trainer. This section should summarise your proposed training programme. A full training programme showing outcomes and a breakdown of costs must be enclosed with your application.

Training Organisation Information & Declaration

Page 9

To be completed by named trainer and signed

Applicant Declaration

Page 10

The named Applicant Company MUST sign the completed application

Check List

Page 11

Make sure you read the guidelines enclosed to ensure your application meets the eligibility criteria.

Your application must enclose:-

- Up-to-date full audited accounts;
- Detailed training programme;
- Proof of turnover (see guidelines);
- Trainer registration number (see page 7).

* Applications are particularly welcome from minority ethnic owned businesses and businesses owned by women

Company Details

* ALL SECTIONS MUST BE COMPLETED IN BLACK INK AND BLOCK CAPITALS

Registered Company Name

Address

Postcode:

Phone

Fax

Email

Website

Contact Name for application

Job Title

Type of Business

Does your company have Investors in People

Is your company in the manufacturing sector?

Provide a brief description of your main business activity including principal products and services

Company Details - Financial Information

Date of Business Formation

What is your Annual Turnover

What is your Gross Profit

What is your Net Profit

What are your Net Assets

Number of Employees

If in a service sector, what percentage of your turnover is generated outwith Renfrewshire?

(see guidelines on company eligibility)

Is your company part of a holding company

If yes, please provide name and address of holding company

name of holding company

address

postcode

Total number of employees in the group

Purpose of Training

(This section to be completed by the applicant company)

The training grant is designed to help East Renfrewshire companies improve their competitive edge.

Please state, in your own words, the ways in which this training will improve competitiveness or solve a problem in your company.

For example, what effect will the training have on:-

- **Productivity**
- **Quality of Service**
- **Efficiency**
- **Growth of Business**

Trainee Information

ALL SECTIONS MUST BE COMPLETED IN FULL

Name of Trainee	Postcode (HOME)	Age	Sex (M/F)	Job Title/Position

Trainee Information

ALL SECTIONS MUST BE COMPLETED IN FULL

Ethnic Origin (see table below)	Disability (Yes/No/Prefer not to say)	Level of Training to be Achieved	What will Trainee Achieve

** Ethnic Origin*

This information is used for Equal Opportunities monitoring purposes

1 = White Scottish	2 = White Irish	3 = White Welsh	4 = White English
5 = White Other British	6 = White Other	7 = Asian Indian	8 = Asian Pakastani
9 = Asian Bangladeshi	10 = Asian Chinese	11 = Asian Other	12 = Black Caribbean
13 = Black African	14 = Black Other	15 = Mixed Background	16 = Other Ethnic

Programme Details - Trainer to Complete this Section

NAMED TRAINER must attach a comprehensive training plan to this application.

As a minimum it must detail the content of all training. Explain what will be done and provide specific competencies that can be used as a measure of learning successes.

Summarise the training you have detailed in your attached training plan.

Show here how costs are calculated

Breakdown of hours/total costs:-

Number of Hours		Total Costs	
Start Date		Finish Date	

Where will the training take place:-

Location	No of nights away *(if applicable)*	Fares *(if applicable)*

Trainer Organisation Information

Registered Name of Training Organisation	
Address	
	Postcode:
Phone	
Fax	
Email	
Trainer Registration Number	
Total Fees to be charged (ex VAT)	£

Declaration by Training Organisation

I confirm that we offer to carry out the programme and that the costings are accurate and that no discounts or rebates will be offered at a later stage.

Signed		Position	
Print Name		Date	

Declaration by Applicant Company

The information I/we have provided in this application is correct and I/We understand that if this is found not to be so at any later stage, any grant award will be cancelled and my company will immediately repay any monies that may have been paid with regard to this application. In such an event my Company will be totally responsible for the repayment of any fees due to the Trainers.

We agree to keep to all UK and European laws on equal opportunities, including the Sex Discrimination Act 1975, the Equal Pay Act 1970, the Race Relations Act 1976 and the Disability Act 1995.

We keep to the National Minimum Wage Act 1998.

We will give you up-to-date financial information including management accounts (if they are available) and audited annual accounts.

We accept that any offer of financial support will be based on the information we have provided.

We will tell you immediately if we receive any extra support from the public sector for the project, other than any support mentioned in this application. We understand that you may reduce the financial support you offer if we receive support from elsewhere.

We are aware that the training we have received is part-financed by the European Union through the European Social Fund.

We agree to all UK and European laws on equal opportunities.

We agree that you may consult any other person, bank or company named in this application.

We understand that we cannot start spending on this project until you offer us financial support.

We understand that any financial support will only be released when we provide documents or other satisfactory evidence of eligible spending towards this project.

We will give you any financial or other information you need to assess the progress of our project and to monitor the effectiveness of your support.

We accept that your decision on whether or not to offer financial support is final and we cannot appeal against it.

We understand that information given on this form will be stored in computer files, and as such is subject to the provisions of the Data Protection Act 1998.

Signed		Position	
Print Name		Date	

Note: Your information may be held on a Business Development Database and used for the purposes of processing your grant application and in the longer term to provide assistance to SME's. For Business Development purposes your information may be shared with the Scottish Enterprise Network.

Checklist

Have you enclosed:-

- ☐ Up-to-date full audited accounts
- ☐ Proof of Turnover (where applicable)
- ☐ Detailed training programme
- ☐ Trainer Registration Form (where applicable)
- ☐ Equal Opportunities policy

Failure to enclose any of the above will delay your application

How did you hear about the Training grant

- ☐ Newspaper Advert
- ☐ Business Gateway
- ☐ Scottish Enterprise
- ☐ Trainer / Consultant
- ☐ Seminar / Conference
- ☐ Word of Mouth
- ☐ East Renfrewshire Council website / East Renfrewshire Council Advertisement

Environment

Does the business have a policy on recycling waste materials? Yes ☐ No ☐

Does the business have an energy saving policy? Yes ☐ No ☐

Please send this completed application and all supporting information to:

East Renfrewshire Council
Economic Development
2 Spiersbridge Way
Spiersbridge Business Park
Thornliebank
G46 8NG

Tel: 0141 577 3791
Fax: 0141 577 3781

Further copies of this application form and guidelines can be downloaded from our website

www.eastrenfrewshire.gov.uk

इस सूचना-पत्र मे उल्लेखित सूचना यदि आप हिन्दी अनुवाद मे चाहे तो कृपया सम्पर्क करे।

如果您想得到该资料所含信息的译文，请联系：

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس لیف لیٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

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