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**Business Grant Application Form**

If you require any assistance completing this form, please contact the Employment and Skills team on 0161 342 3111 or email [**employmentandskills@tameside.gov.uk**](mailto:employmentandskills@tameside.gov.uk). Thank you.

**KEY CONTACT INFORMATION:**

1. NAME OF BUSINESS:
2. NATURE OF BUSINESS (i.e. sector/industry):
3. TRADING ADDRESS (including postcode):
4. IS THIS YOUR RESIDENTIAL ADDRESS?

YES  NO

1. KEY CONTACT NAME:
2. KEY CONTACT JOB TITLE:
3. CONTACT NUMBER:
4. CONTACT EMAIL ADDRESS:
5. ARE YOU A LIMITED COMPANY?

YES  NO

IF YES, WHAT IS YOUR COMPANY NUMBER?

1. HAVE YOU HAD AN APPRENTICE COMPLETE IN THE LAST 2 YEARS? (**If NO, you will be required to complete the GM Grant application form – for more information you can contact Employment and Skills on the details above**)

YES  NO

**LOCAL INFORMATION:**

1. TAMESIDE BUSINESS ADDRESS WHERE JOBS ARE BEING CREATED (INCLUDING POSTCODE) IF DIFFERENT FROM ABOVE:
2. TOTAL NUMBER OF EMPLOYEES **(this figure should also include you as the employer AND the apprentice you are recruiting)**

**CRITERIA:**

1. ARE YOU APPLYING FOR THE TAMESIDE BUSINESS GRANT TO CREATE A NEW APPRENTICESHIP OPPORTUNITY AS AN ACCREDITED SCHEME, WHICH MAY SUPPORT REDUCTION OF UNEMPLOYMENT AND NEETs (Not in Employment, Education or Training)?
2. ARE YOU ABLE TO PROVIDE THIS OPPORTUNITY WITHOUT THE SUPPORT OF THE TAMESIDE BUSINESS GRANT?

YES  NO

1. Which other 2 criteria do you meet:
2. Support local suppliers
3. Offer mentoring and support
4. Offer access to training and development
5. Offer work experience
6. Create voluntary roles
7. Support individuals with health issues to access training and/or employment where possible
8. Signpost local people into work/training through the Tameside Employment Fund

**THE BUSINESS:**

1. AS PART OF THE DECISION PROCESS, YOUR BUSINESS WILL BE DISCUSSED AT LENGTH BY THE TEF GRANT PANEL. PLEASE PROVIDE INFORMATION WHICH YOU FEEL WILL SUPPORT YOUR APPLICATION SUCH AS;

|  |
| --- |
| **YOUR ACTIVITIES?** (e.g**.** what does your business do/provide?) |
|  |
| **YOUR ACHIEVEMENTS/ATTAINMENT?** (e.g what has your business achieved?) |
|  |
| **YOUR GOALS?** (e.g short term, long term) |
|  |
| **WHAT SETS YOU APART FROM OTHER COMPETITORS/PEERS?** |
|  |
| **HAVE YOU SUPPORTED ANY LOCAL CHARITIES, IF SO, HOW AND WHAT DID YOU DO?** |
|  |
| **HAVE YOU WON ANY AWARDS?** |
|  |

**THE GRANT**:

1. WHAT ARE YOU GOING TO USE THE GRANT MONEY FOR? (**You must provide specific details of how you intend to spend the grant – i.e. training; IT training, Health and Safety**).

**EVALUATION INFORMATION:**

In order to ensure the Business Grant is achieving the best possible results for Tameside, we ask you to submit the following information regarding your new employee or apprentice. **Please note: none of this information is mandatory, and refusal to provide will not affect your chances of being successful in application. Data provided is dealt with in strict confidence, and in accordance with General Data Protection Regulation. To review the Council’s Privacy Notice please visit:** [**https://www.tameside.gov.uk/dataprotection/PrivacyNotice**](https://www.tameside.gov.uk/dataprotection/PrivacyNotice)

**APPRENTICE EVALUATION:**

|  |  |  |
| --- | --- | --- |
| **Gender** | Female |  |
| Male |  |
| Not Applicable / Known |  |
| Prefer not to say |  |
|  |  |  |
| **Ethnicity** | Asian / Asian British |  |
| Black / African, Caribbean / Black British |  |
| Mixed / Multiple Ethnic Group |  |
| Other Ethnic Group |  |
| White |  |
| Unknown |  |
| Prefer not to say |  |
|  |  |  |
| **Disability** | Apprentice considers himself or herself to have a learning difficulty and/or disability and/or health problem |  |
| Apprentice has an Educational Healthcare Plan (EHCP) |  |
| Apprentice does not consider himself or herself to have a learning difficulty and/or disability and/or health problem |  |
| Prefer not to say |  |
| Unknown |  |
|  |  |  |
| **LAC/Care Leaver** | Apprentice has been a Looked After Child or Care Leaver  **\*Care Home, Family Unit or Foster Care** |  |
| Apprentice has not been a Looked After Child or Care Leaver |  |
| Prefer not to say |  |
| Unknown |  |

**APPRENTICESHIP GRANT:**

1. NAME OF INDIVIDUAL APPRENTICE:
2. AGE OF APPRENTICE AT POINT OF APPLICATION:
3. START DATE OF APPRENTICE:
4. NAME OF TRAINING PROVIDER/COLLEGE:
5. CONTACT NUMBER FOR TRAINING PROVIDER/ASSESSOR:
6. CONTACT EMAIL FOR TRAINING PROVIDER/ASSESSOR:
7. INDIVIDUAL LEARNING RECORD REFERENCE NUMBER FOR APPRENTICE:
8. FULL RESIDENTIAL ADDRESS (INCLUDING POST CODE) OF APPRENTICE:
9. PLEASE TICK IF YOU MEET AND AGREE TO ALL THE FOLLOWING CONDITIONS:

**I agree to employ an apprentice who**;

LIVES IN TAMESIDE;

IS A NEW RECRUIT ADDING TO THE HEADCOUNT OF THE BUSINESS

IS AGED 16 TO 24, ON THE START DATE RECORDED ON THE INDIVIDUAL LEARNING RECORD HELD BY THE TRAINING ORGANISATION / OF EMPLOYMENT

IS ENROLLED ON AN APPRENTICESHIP FRAMEWORK THROUGH A TRAINING ORGANISATION RECOGNISED BY THE SKILLS FUNDING AGENCY;

IS NOT TAKING PART IN FULL-TIME EDUCATION;

APPRENTICESHIP HAS STARTED IN THE PERIOD, **1ST SEPTEMBER 2018 TO 31ST MARCH 2021.**

WILL EMPLOY THE APPRENTICE(S) FOR A MINIMUM OF 12 MONTHS ON THE APPRENTICESHIP PROGRAMME OR THE TIME IT TAKES THEM TO COMPLETE THEIR APPRENTICESHIP, WHICHEVER IS GREATER.

AGREE TO PAY THE APPRENTICE IN LINE WITH THE AGE APPROPRIATE NATIONAL MINIMUM WAGE.

**\*THE COUNCIL MAINTAINS THE RIGHT TO CLAIM BACK ANY GRANT WHERE CONDITIONS ARE NOT MET THROUGH THE ENTIRE 12 MONTH PERIOD FROM START DATE OF APPRENTICESHIP.**

**DISCLAIMER:**

Please tick that you meet and agree to all of the following criteria, please note routine checks may be carried out to ensure that these details are correct;

|  |
| --- |
| **Create an apprenticeship** |
| Your Business is located within Tameside |
| Your business has fewer than 250 employees in the United Kingdom, as recorded by Employer Data. |
| Your business must pay the new apprentice in line with the age appropriate National Minimum Wage. |
| The apprentice must be a new recruit adding to the head count of the business. |
| The apprentice must be enrolled on an apprenticeship framework/standard through a training provider recognised by the Education and Skills Funding Agency. |
| The apprentice must be aged 16 to 24, on the start date recorded on the Individual Learning Record held by the training organisation. |
| To commit to employ your apprentice(s) for a minimum of 12 months on the apprenticeship programme or the time it takes them to complete their apprenticeship. |
| Your business must meet two of the following criteria;   1. Support local suppliers 2. Offer mentoring and support 3. Offer access to training and development 4. Offer work experience 5. Create voluntary roles 6. Support individuals with health issues to access employment and/or training where possible 7. Signpost local people into work/training through the Tameside Employment Fund |
| **I agree to hold a meeting with Stimulating Employer Demand in Apprenticeships (SEDA) regarding workforce development planning and apprenticeship support.** |

**DECLARATION:**

1. DO YOU HAVE A RELATIONSHIP WITH A COUNCIL EMPLOYEE OR COUNCIL MEMBER?

YES  NO

IF YES, PLEASE GIVE NAME AND DEPARTMENT:

1. WE WOULD LIKE TO CELEBRATE THE SUCCESS OF THE TAMESIDE BUSINESS AND APPRENTICES BY SHARING GOOD NEWS STORIES. THIS MAY BE CARRIED OUT THROUGH PRINTED PUBLICATIONS, ADVERTS, AUDIOVISUAL AND ELECTRONIC MATERIALS, MEDIA WORK, DISPLAY MATERIALS, SOCIAL MEDIA AND ANY OTHER MEDIA WE MAY USE IN THE FUTURE.

YOU MAY BE CONTACTED TO SHARE YOUR STORY AND RAISE AWARENESS OF THE BUSINESS GRANT, SO THAT OTHERS MAY ALSO BENEFIT. PLEASE TICK BELOW IF YOU WOULD LIKE TO TAKE PART. ***PLEASE NOTE: CONSENT CAN BE WITHDRAWN AT A LATER DATE.***

YES  NO

**(N.B. IF ANY EVIDENCE IS FOUND WHICH DEMONSTRATES THAT AN APPLICATION HAS HAD INTERNAL INFLUENCE THEN THE APPLICATION WILL NOT BE CONSIDERED).**

**PLEASE NOTE TAMSIDE COUNCIL RESERVE THE RIGHT TO VISIT YOUR BUSINESS PREMISES TO ENSURE THAT YOU HAVE COMPLIED WITH THE CRITERIA. IF YOU ARE FOUND NOT COMPLYING WITH CRITERIA, TAMESIDE COUNCIL CAN CLAW BACK ANY GRANT MONIES AWARDED.**

**Data Protection Notice**

How your information will be used:

The personal information which you include in response to this application will be processed for the following purposes:

•             To support your application for a grant under the scheme

•             To allow an evaluation sub group comprising of TMBC and none TMBC staff, to authorise the grant.

•             To evidence your participation in the grant scheme.

The information you provide will not be used for any other purpose other than for the grant you have applied for, unless it is necessary by law.

The information provided will be processed under strict protocols in accordance with ALL APPLICABLE UK DATA PROTECTION LEGISLATION. Your information will be held securely and will be held in line with the Council’s Retention and Disposal Schedule.

Under the Data Protection Act 2018 you have the right to request a copy of your information. Details on how to do this can be found at the Tameside Metropolitan Borough Council website [**http://www.tameside.gov.uk/dataprotection/access**](http://www.tameside.gov.uk/dataprotection/access)

We want to make sure your personal information is accurate and up to date. You may ask us to correct or remove any information you believe is incorrect. You can do this at any time by emailing; [**employmentandskills@tameside.gov.uk**](mailto:employmentandskills@tameside.gov.uk)

This is based on the information not being used for any research or evaluation, in an anonymised format or not.  Also that none of the information, whether anonymised or not will be provided to Central Government or any European Funding organisation.

**DELARATION THAT THE INFORMATION IN THIS APPLICATION FORM IS TRUE:**

**SIGNED:**

**PRINT NAME:**

**DATE:**

PLEASE COULD YOU EMAIL THIS FORM TO THE EMPLOYMENT AND SKILLS TEAM AT [**EMPLOYMENTANDSKILLS@TAMESIDE.GOV.UK**](mailto:EMPLOYMENTANDSKILLS@TAMESIDE.GOV.UK)

IF YOU DO NOT HAVE SCAN FACILITIES, PLEASE CONTACT THE EMPLOYMENT AND SKILLS TEAM ON THE NUMBER ABOVE.

**THANK YOU.**