

**TRADE 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 APPRENTICE:
2. FULL RESIDENTAL ADDRESS:
3. DATE OF BIRTH:
4. AGE AT POINT OF APPLICATION:
5. CONTACT NUMBER:
6. EMAIL ADDRESS:
7. APPRENTICESHIP/FRAMEWORK AND LEVEL:
8. EMPLOYER NAME:
9. EMPLOYER ADDRESS:
10. NAME OF EMPLOYER KEY CONTACT:
11. JOB TITLE OF EMPLOYER:
12. EMPLOYER CONTACT NUMBER:
13. EMPLOYER EMAIL ADDRESS:
14. AS PART OF THE DECISION MAKING PROCESS, YOUR APPRENTICESHIP ACTIVITIES WILL BE DISCUSSED AT LENGTH. PLEASE PROVIDE INFORMATION WHICH YOU FEEL WILL SUPPORT YOUR APPLICATION, SUCH AS:

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| **YOUR ACTIVITIES?** (e.gday to day tasks on the job) |
|  |
| **YOUR ACHIEVEMENTS/ATTAINMENT?** (e.g achievements at work and college) |
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| **YOUR ATTENDANCE LEVELS?** (% at work and college) |
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| **YOUR GOALS?** (e.g short term, long term) |
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| **WHAT SETS YOU APART FROM OTHER COMPETITORS/PEERS?** |
|  |

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| **HAVE YOU SUPPORTED ANY LOCAL CHARITIES, IF SO, HOW AND WHAT DID YOU DO?** |
|  |
| **HAVE YOU WON ANY AWARDS?** (e.g at work, college or personal) |
|  |

**CRITERIA**

I AM AN APPRENTICE RESIDENT IN TAMESIDE

**EVALUATION INFORMATION:**

In order to ensure the Trade Grant is achieving the best possible results for Tameside, we ask you to submit the following information. **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.**

|  |  |  |
| --- | --- | --- |
| **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 |  |

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|  |  |  |
| **Disability** | Applicant considers himself or herself to have a learning difficulty and/or disability and/or health problem |  |
| Applicant has an Educational Healthcare Plan (EHCP) |  |
| Applicant 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** | Applicant has been a Looked After Child or Care Leaver |  |
| Applicant has not been a Looked After Child or Care Leaver |  |
| Prefer not to say |  |
| Unknown |  |

**THE GRANT**

1. HOW MUCH GRANT MONEY ARE YOU APPLYING FOR **(MAXIMUM £750)?**
2. **WHAT ARE YOU USING THE GRANT FOR? (IF YOU CANNOT PROVIDE RECEIPTS, PLEASE PROVIDE A WISHLIST OF TOOLS, INCLUDING IMAGES, YOU INTEND TO PURCHASE. YOU WILL BE REQUIRED TO PROVIDE RECEIPTS AT A LATER DATE, PLEASE ENSURE THAT YOU KEEP EVIDENCE OF ALL YOUR PURCHASES):**
3. **WILL THE TOOLS YOU ARE APPLYING FOR BE INSURED?** Your tools may be covered by your employer’s insurance, insured separately or form part of your home/vehicle insurance.

**Due to the value of the tools you may purchase through the Trade Grant, it is recommended that you ensure they are insured against theft, loss and damage.**

**APPRENTICES ONLY**

1. NAME OF TRAINING PROVIDER/COLLEGE:
2. CONTACT NUMBER FOR TRAINING PROVIDER/ASSESSOR:
3. CONTACT EMAIL FOR TRAINING PROVIDER/ASSESSOR:
4. INDIVIDUAL LEARNING RECORD REFERENCE NUMBER OF APPRENTICE:
5. PLEASE TICK THE BOX IF YOU MEET ALL OF THE FOLLOWING CRITERIA:

I AM AN APPRENTICE WHO:

|  |
| --- |
| LIVES IN TAMESIDE; |
| IS A NEW RECRUIT |
| IS AGED 16 TO 24; ON THE START DATE RECORDED ON THE INDIVIDUAL LEARNING RECORD HELD BY THE TRAINING ORGANISATION |
| IS ENROLLED ON AN APPRENTICESHIP FRAMEWORK/STANDARD THROUGH A TRAINING ORGANISATION RECOGNISED BY THE EDUCATION AND SKILLS FUNDING AGENCY; |
| IS NOT TAKING PART IN FULL-TIME EDUCATION; |
| APPRENTICESHIP HAS STARTED WITHIN **1ST SEPTEMBER 2018 TO 31ST MARCH 2021.** |

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

**DISCLAIMER**

PLEASE TICK TO CONFIRM THAT YOU MEET ALL OF THE FOLLOWING CRITERIA. PLEASE NOTE ROUTINE CHECKS MAY BE CARRIED OUT TO ENSURE THAT THESE DETAILS ARE CORRECT;

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| **Apprentice** |
| You are aged 16 to 24. |
| You are starting a nationally recognised apprenticeship recognised by the Education and Skills Funding Agency. |
| Your apprenticeship must have started within 1st September 2018 to 31st March 2021. |
| You are a Tameside resident. |
| Your primary place of work is within Tameside. |
| Your apprenticeship is related to construction and allied industries; e.g. gas, plumbing, joinery, plastering, brickwork, engineering, etc. |
| You have kept the receipts for the items bought and are able to send copies of these to the Employment and Skills Team. If you have bought a van, the registration documents will also need to be submitted. Please only send copies, as we are unable to return. |

**DECLARATION**

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

YES  NO

IF YES, PLEASE GIVE NAME AND DEPARTMENT:

1. WE WOULD LIKE TO CELEBRATE THE SUCCESS OF TAMESIDE BUSINESSES 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 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.

**DECLARATION 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) ALONG WITH COPIES OF PURCHASE RECEIPTS/WISHLIST TO SUPPORT YOUR APPLICATION.

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

**THANK YOU.**