 

**Careers Local Enterprise Grant**

**Guidance &**

**Application Form**

|  |  |
| --- | --- |
| **Name of Educational Institution:** | Click here to enter text. |

**Contact & Submission Address:**

[Careerslocal@nottscc.gov.uk](mailto:Careerslocal@nottscc.gov.uk)

Economic Development Team

Nottinghamshire County Council

County Hall

West Bridgford

Nottingham

NG2 7PQ

**July 2017**

**We strongly advise that prior to filling in this form you read the included *eligibility criteria* and the *Careers Local Enterprise Grants Appraisal Guidance Notes* which provides information on how decisions will be made. This is available on the Nottinghamshire County Council website.**

**Definitions**

References to:

* “The funding” throughout this document means the Careers Local Enterprise Grant
* ‘NCC’ means Nottinghamshire County Council
* EI means an Educational Institution (see below)
* The Managing Agent means Nottinghamshire County Council
* ESFA means the Education & Skills Funding Agency
* CLEG means the Careers Local Enterprise Grant

**Applicant Eligibility**

Any EI in Derby City, Derbyshire, Nottingham City or Nottinghamshire is eligible to apply. For the purposes of the CLEG EIs are defined as:

* Schools,
* Specialist Schools,
* Academies,
* Pupil Referral Units,
* Alternative Learning Centres,
* Virtual Schools,
* Home Educated (through registration with Local Authority).

All EIs must:

* Be working to the principles of the D2N2 Employability Framework,
* Have developed an approved Employability Action Plan with strategic local employer involvement, in line with the D2N2 Employability Framework,
* Apply for a grant, setting out the activities to be funded, how they link to your Employability Action Plan, and the impact on young people at risk of NEET,
* Evaluate and report on the impact of the activities delivered for young people in terms of their employability and enterprise skills, to NCC for monitoring purposes.

1. **Eligible Costs and activities**

The CLEG is intended to support activities which will increase the employability and enterprise skills of young people at risk of becoming NEET. Activity in your application should link to your Enterprise Action Plan and the D2N2 Employability Framework <http://www.d2n2schools.co.uk/employability-framework>.Where possible we would expect activity to include a focus on the D2N2 Priority Sectors <http://www.d2n2lep.org/Key-Sectors> and increase knowledge and engage employers from these sectors in any activities.

**You should include information on which of the 10 Employability, Careers and Enterprise Goals your provision will support and evidence of its impact:**

1. **Self-motivated**
2. **Self-assured**
3. **Aspirational**
4. **Informed**
5. **Experienced**
6. **Achieving**
7. **Accountable**
8. **Resilient**
9. **Entrepreneurial**
10. **Co-operative**

The grant should only be used for eligible activities, such as:

* Personal development course and activities,
* Using local labour market intelligence,
* Job Search CV and interview techniques,
* Personalised support and careers advice,
* Support to engage with employers during Careers fairs and events,
* Participation in industry sponsored competitions,
* Enterprise activities,
* Experience of the workplace,
* Conversations with employers and working people,
* Volunteering and other work experience,
* Staff development at Educational Institutions which will enhance the ability of that Institution to provide careers education information advice and guidance.

**All activities must be new, additional and for the identified cohort of young people at risk of NEET only. Whole year activities are not eligible.**

The above list is not exhaustive, if you are in any doubt about the eligibility of your proposal you should contact us at [careerslocal@nottscc.gov.uk](mailto:careerslocal@nottscc.gov.uk) before submitting the application. If ineligible activities are discovered at a later date then NCC reserve the right to withhold payment or reclaim any funding which has been paid.

**Using the Approved Provider Framework**

NCC have procured a quality assured list of employability and enterprise providers which EIs can purchase services from. Where an EI chooses to use one of these providers, this will remove the need for EIs to go through their own procurement process and be confident that they are complying with European Social Fund Rules. **Applicants should contact their chosen provider for quotes and to discuss their requirements before submitting their application form.**

**Procuring services from external providers**

In the event an applicant wishes to appoint a provider from outside of the approved framework, the applicant must ensure that the provision is consistent with the D2N2 Employability Framework, and supply evidence that the intended procurement process demonstrates:

* Fairness and Transparency
* No conflict of interest
* Value for Money
* Quality Assurance

Prior to any grant award, each EI must provide evidence that the goods / services have been procured fairly and transparently in accordance with answer 4.2 provided within the application form and the procurement conditions specified within the Grant Agreement, the evidence provided must be to the satisfaction of NCC as the Managing Agent.

NCC do not wish to be overly prescriptive regarding the evidence that applicants should provide. However, applicants should take into consideration the above criteria, to ensure that the evidence provided meets these criteria in order to minimise the risk of not being reimbursed by the Education and Skills Funding Agency who fund grants via NCC.

If an applicant proposes to change supplier of goods / services or the value of the contract(s) are different from that agreed, NCC reserve the right to request that a new procurement is enacted.

Applicants are encouraged to use services from approved providers procured from the CLEG provider framework.

Services must be quality assured to the satisfaction of NCC as the Managing Agent. NCC will need to be reassured that the correct procurement process has been followed to reduce the risk of not being reimbursed by the Education and Skills Funding Agency who fund the grants via NCC.

**In-house activity**

Where your proposal includes provision delivered by existing school staff, it must clearly

* Show that the activity is new,
* Give details of the staff involved,
* Demonstrate how it will build the school’s capacity to support young people at risk of NEET, and
* Ensure that the activity being funded through the CLEG will only be delivered to the identified cohort.

The Careers Local Grant Fund can only be used for genuine new activities and costs, not replacement funding for activities which have previously been delivered, or have ceased because of lack of funding. Funding provided to EIs through the CLEG should be used to fund activities which directly enable the young people at risk of becoming NEET to develop employability and enterprise skills, or to support activities which demonstrate the efficacy of interventions for the purposes of monitoring and that these support costs are reasonable, as judged by the Managing Agent (NCC).

**Staff development**

Any application for funding for staff development must clearly show how that development will build the capacity of that Educational Institution to provide sustainable careers education information advice and guidance, and demonstrate how this will be used to deliver provision to young people at risk of NEET. The content of the proposed staff development must be included in the application, with information on the number of days and cost, as well as how this will be delivered.

ESFA rules state that full qualifications above level 2 cannot be funded. The following can be funded;

* Full Level 2 qualifications
* Level 3 and 4 – up to 15 credits or up to 150 guided learning hours.

Applications for the above will still be required to demonstrate how the learning will be practically applied to working with the identified cohort.

**Monitoring and evidence requirements**

All education institutions may be required to provide leaner and/or activity case studies.

All education Institutions will be required to supply personal information and monitoring information on each young person who takes part in their Careers Local Project (please see example ILR at the end of the application). In addition the below evidence may also be required;

**Approved/External Provider and internal activities;**

* Learner Journey
* Learner / project evaluation
* Attendance register

**Staffing costs**

* Timesheets
* Proof of extra hours
* Duties undertaken

**External Visits/Visitors**

* Proof of any activities associated with visit

**All costs will require invoice and proof of payment.**

If you would like to discuss the general eligibility of your proposal or have any other queries regarding making a proposal, please contact us via email at [careerslocal@nottscc.gov.uk](mailto:careerslocal@nottscc.gov.uk) or call Lianna Law on 01159 773051.

**One of the conditions of the Careers Local Grant is that each Educational Institution (EI) is signed up to and working to the principles of the D2N2 Employability Framework, and has an Employability Action Plan (EAP) approved and signed off by an employer adviser. The employer adviser can be a D2N2 Enterprise Adviser (senior volunteers from the world of business), an employer you already work with, or a school governor who is also a business person/employer. It cannot be your CEC Enterprise Coordinator**

**You must complete following confirming the details of the employer supporting your Employability Action Plan (EAP) and your Careers Local application. This must be returned, signed by the employer adviser, before your grant can be processed. You can copy and paste the content onto your or the employer’s headed paper, but all the content must be included and all sections completed. Any omissions will delay your Careers Local grant. If you do not provide this your application will be rejected. This must be a digital or wet ink signature (not typed).**

**Employability Action Plan – Employer sign-off**

|  |  |
| --- | --- |
| Name of Educational Institution |  |
| Address |  |
| Member of staff responsible for Careers, Enterprise and Employability | Name: |
| Designation: |

**Re: D2N2 Employability Action Plan**

I would like to confirm in writing my support for your Employability Action Plan, which has been developed in alignment with the D2N2 Employability Framework. I approve the activities and expected outcomes outlined as reflecting employer requirements for the local area. I endorse the plan as a route to support the development of employability skills for young people, and to help them engage with employers and learn about the world of work.

|  |  |
| --- | --- |
| Name of Supporting Organisation / Business |  |
| Employer Adviser contact |  |
| Position |  |
| Signature |  |
| Date |  |

The respective boxes within this form expand when text is added to them. Please add extra rows where needed. A word limit applies to some questions and we ask applicants to address each question as clearly, succinctly and fully as possible, as it may form part of the funding agreement should your application be successful. Please be specific and give as much details as possible about

* The activities you are proposing to deliver and what the benefits will be to the cohort of young people
* What activities you already do to show the added value of the proposed activities
* The breakdown of all costs to show how they have been arrived at e.g. if for an adviser’s time, how many hours/days will this buy, what will they be delivering
* Clarity on the numbers of young people and how they have been identified as eligible for the project
* If a number of activities are being proposed, are these for the same students or different ones
* Where possible use the space/word allocation provided to give as much information as possible – this will speed up the process and reduce the amount of queries we have to come back to you with.

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| **Section 1 – D2N2 Employability Framework** |
| **Your application must be based on your Careers Employability and Enterprise Plan and Pupil Premium Action Plan, be in line with the D2N2 Employability Framework and have been developed with employer involvement and approval.** |
| **1.1 Does your Educational Institution have an Employability/Enterprise Action Plan? If you answer ‘no’ your application will be rejected, please contact NCC if you require further clarification. Please ensure that you submit your Action Plan with your application.** |
| Yes  *Please submit with this application*  No |
| **1.2 Has the plan been developed with the involvement of a local employer or a D2N2 Enterprise Adviser? If you answer ‘no’ your application will be rejected, please contact NCC if you require further clarification. If you have answered ‘yes’ please fill in the attached Employer sign off form. This cannot be your Enterprise Coordinator.** |
| Yes  Name and business of Employer or D2N2 Enterprise Advisor: Click here to enter text.  No |

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| **Section 2 – Applicant Organisation Details** | | |
| **2.1 Applicant Contact Details**  *Please provide details of the main contact for the application who will be able to answer questions about the application if asked* | | |
| **Contact Name & Job Title:** | Click here to enter text. | |
| **Name of Educational Institution:** | Click here to enter text. | |
| **If a partnership application, please name all the educational institutions covered:** | Click here to enter text. | |
| **Applicant Address inc. Post Code:** | Click here to enter text. | |
| **Tel No:** | Click here to enter text. | |
| **E-mail:** | Click here to enter text. | |
| **2.2 Which Local Authority is your Educational Institution based in (tick all that apply).** | | |
| Ashfield District Council  Bassetlaw District Council  Broxtowe Borough Council  Gedling Borough Council  Mansfield District Council  Newark & Sherwood District Council  Nottingham City Council  Rushcliffe Borough Council | | Amber Valley Borough Council  Bolsover District Council  Chesterfield Borough Council  Derby City  Derbyshire Dales District Council  Erewash Borough Council  High Peak Borough Council  North East Derbyshire District Council  South Derbyshire District Council |

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| **Section 3 – About Your Proposal** | |
| **Has your application been developed with the support of your Enterprise Coordinator?** | |
| Yes  No  If yes, name of your Enterprise Coordinator:  Do we have your permission to share feedback on your application with your Enterprise Coordinator?  Yes  No  Do we have your permission to share information regarding your activities with your named provider?  Yes  No | |
| **3.1 What CIAG and Employability activities are currently delivered in your Educational Institution, for year 10 and above**   * *Please include all current activities being delivered.* | |
| Click here to enter text. | |
| **3.2 Please describe the activities you propose to undertake which will be supported by the Careers Local Enterprise Grant. You must ensure your proposed activities do not duplicate what is already being delivered, and describe how these activities relate to the objectives of the D2N2 Employability Framework (for staff development please also complete section 4.5)**  **For each separate activity in your proposal please complete the following information**   1. **Details of the proposed activity and the level of employer involvement** 2. **How and where it will be delivered** 3. **What will be the outcomes for the young people involved mapped to the 10 Employability Framework goals**  * *Your answer should link your proposed activities to the objectives of the D2N2 Employability Framework and your employability Action Plan, with a clear rationale provided to demonstrate the links made, please refer to the section on the D2N2 Employability Framework in the guidance notes for further information if required.* * *All activities funded through the Careers Local grant must be new and additional, it cannot be used as replacement funding for activities which have previously been delivered, or have ceased because of lack of funding.* * *Please either provide a narrative or use the table provided at the end of this application.*   **[800 Words Max] [35 Marks]** | |
| **Details of proposed activities and employer involvement** |  |
| **How and where the activities will be delivered** |  |
| **The outcomes for the young people.** |  |
| **3.3 Given the information you have provided at 3.1 and 3.2, how will your proposed activity add value for the cohort identified as at risk of NEET and avoid duplication?**  *Activity funded by the grant must be new and cannot be existing activity being delivered by the school or an external provider, or any statutory obligations you may have.*  **[300 Words Max] [10 Marks]** | |
| Click here to enter text. | |

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| **3.4 What are the proposed start and completion dates for these activities?** *Please note that:*   * *Activity cannot be backdated or started before a signed funding agreement is received from Nottinghamshire County Council* * *All activity must be completed by the end of June 2018*   **[No Score – Information Only]** | | | | | | | |
| **Start date** Click here to enter a date. | | | | **End date** Click here to enter a date. | | | |
| **The young people you will be working with** | | | | | | | |
| **3.5 Please provide details of the young people involved for each year group (add additional rows as required). You will be required to submit personal details and monitoring information on participating young people throughout the project (see ILR at the end of this form). Please add extra rows where needed.**  ***You can also include information on year groups not currently supported through the CLEG, in case further funding should become available.*** | | | | | | | |
| **Year Group**  e.g. year 11 | **Number to be supported through Careers Local activity**  e.g. 15 | | | | **Total number in year group (for comparison purposes)**  e.g. 80 | **Number of potentially at risk of NEET in this year group**  e.g. 45 | |
| Click here to enter text. | Click here to enter text. | | | | Click here to enter text. | Click here to enter text. | |
|  |  | | | |  |  | |
| **3.6 How have you/will you identify the young people who will benefit from the proposed activities and ensure equality of access?**   * *Your answer should demonstrate a clear rationale for identifying young people and the age group of the young people you intend to support through the proposed activity. The grant can only support young people aged 15 – 19 years old who have been identified as at risk of NEET.* * *Your answer should demonstrate how you intend to ensure that access to activities will be provided such that protected groups such as participants with SEN are not disadvantaged.*   **[600 Words Max] [15 Marks]**  **Please tick all indicators that you have used and provide an additional narrative describing how you have used these and any other indicators:** | | | | | | | |
| Free school Meals  Pupil premium  Attendance  Exclusions  Disengaged  Under achievement  SEN  Disability  LA care  Health care plan  ESOL  Workless household  Teenage pregnancy  School staff feedback  Behavioural issues | | | | | | | |
| Click here to enter text. | | | | | | | |
| **3.7 Please describe how each of the activities you are planning will reduce the participants’ chances of becoming NEET.**   * *Your answer should include a reasoning for the proposed activities relating to reducing participants’ chances of becoming NEET, supported by a relevant evidence base.*   **[300 Words Max] [15 Marks]** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Section 4 – How your proposals will be delivered** | | | | | | | |
| **4.1 If you plan to use a preferred provider from the Provider Framework developed by Nottinghamshire County Council for some or all of your proposal, including staff development, please complete the following.** **You should contact your chosen provider to discuss your proposal and costs before submitting your application.** **Please add extra rows where needed:**  **Please complete the framework provider order form and the end of the application.**  **Applicants proposing to use only a preferred provider from the Provider Framework developed by Nottinghamshire County Council do not need to complete section 4.4** | | | | | | | |
| **Name of provider(s)** | | | | | **Activities** | | |
| Click here to enter text. | | | | | Click here to enter text. | | |
| Click here to enter text. | | | | | Click here to enter text. | | |
| **4.2 If you plan to use a provider from outside of the Provider Framework for some or all of your proposal, including staff development, please complete the following. Please add extra rows where needed:** | | | | | | | |
| **Name of provider(s)** | | | | | **Activities** | | |
| Click here to enter text. | | | | | Click here to enter text. | | |
| Click here to enter text. | | | | | Click here to enter text. | | |
| **Please give reasons why you have chosen each of the above providers** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Please give details of or attach your procurement policy and how it has been applied to the provision chosen for activity through the CLEG, and details of other suppliers you have considered**   * *Your answer should indicate the specific services you intend to procure/provide.* * *How you will procure services to ensure a fair and transparent process as explained within the guidance notes* * *You must confirm that there is no conflict of interest in using your selected provider* * *The time scales associated with this procurement.*   ***Applicants intending to procure/provide services outside of the Provider Framework are required to fill in Section 4.4 indicating quality assurance measures to be taken.***  **[300 Words Max] [No Score – Information Only]** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **4.3 If you wish to use in-house resources or staff to deliver some or all of your proposal, including staff development, please provide the following information. Please add extra rows where needed:**  ***Applicants intending to procure/provide services outside of the Provider Framework are required to fill in Section 4.4 indicating quality assurance measures to be taken.*** | | | | | | | |
| **Details of staff involved** | | | **Activities to be delivered** | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | |
| **Details of equipment / resources applied for** | | | **How will these be used** | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | |
| **Why have you chosen to deliver in-house?** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **4.4 For provision from outside of the Provider Framework or delivered internally, please give details of how you intend to ensure that young people have access to employability and enterprise skills training of a quality standard consistent with the D2N2 Employability Framework.**   * *Your answer should include details of the qualifications and experience of those delivering the training related to the provision of employability and enterprise skills training.* * *Your answer should include details of how you intend to monitor the quality of provision when being delivered and mitigating actions you propose to take to improve quality in the event that the training is not delivering against identified outcomes.*   **Applicants proposing to use only a preferred provider from the Provider Framework developed by Nottinghamshire County Council do not need to complete section 4.4**  **[500 Words Max]** **[No Score – Information Only]** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **4.5 Staff development**  **If your proposal includes an element of staff development to support young people at risk of NEET, please provide the details of staff involved and additional information to demonstrate how staff development will support the capacity and sustainability of employability provision;** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **What knowledge will be gained and how will this be applied to working with young people to reduce the level of NEET?** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Section 5 – Costs and funding** | | | | | | | |
| **Total amount of grant applied for** | | **£** | | | | | |
| **If over £10,000 please give reasons why (applications for Grants over £10,000 are required to be referred to the D2N2 LEP for approval)** | | Click here to enter text. | | | | | |
| **5.1 Please provide a breakdown of costs or attach to this application form. Your application will be assessed on value for money and added value**   * *Your answer should include a detailed breakdown of the costs for which you intend to use the Careers Local Enterprise Grant such as provider costs, travel costs, venue costs, supply staffing costs, management and evaluation costs etc.* * *You should only include costs which are eligible for funding under the Careers Local Enterprise Grant as part of your bid, please refer to the guidance notes in relation to eligible activity if you are unsure about the eligibility of your proposed costs.* * *Any grants over 10K will need additional LEP approval, this may result in a longer appraisal time.*   **[300 Words Max] [10 Marks]**  **Please add extra rows where needed.** | | | | | | | |
| **Activity / Provision / resources** | | | **Delivery by** | | | | **Cost £** |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. |
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| **Section 6 – Barriers and Risk Assessment** |
| **6.1 Please identify any barriers and key risks to delivery of the activity and explain how you will address and mitigate against them.**   * *Examples may include engagement of young people, timescales, lack of employer engagement, school timetable.* * *Against each identified barrier / risk, please describe contingency measures to reduce the likelihood of such barriers / risks occurring and to reduce the impact of these where they do occur.*   **[300 Words Max] [10 Marks]** |
| Click here to enter text. |

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| **Section 7 – Sustainability** |
| **7.1 Please describe how Employability and Enterprise provision can be sustained when the funding ends.**   * *Your answer could include proposals indicating potential sources of funding to support this activity in the future or different ways of achieving the outcomes described in section 3.*   **[300 Words Max]** **[5 Marks]** |
| Click here to enter text. |

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| **Section 9 – Data Protection and Freedom of Information** |
| **Data Protection Act**  Nottinghamshire County Council will use the information you give us on the application form and supporting documents during assessment and for the life of any grant we award you to administer and analyse grants and for our own research.  We may give copies of this information to individuals, organisations including other funding bodies we consult when assessing applications, when monitoring grants and evaluating the way our funding programmes work and the effect they have.  These organisations may include accountants, external evaluators and other organisations or groups involved in delivering the proposal. We may also share information with government departments, organisations providing matched funding and other organisations and individuals with a legitimate interest in applications and grants, or for the prevention and detection of fraud or where we are otherwise required to disclose the information by law.  We might use the data you provide for our own research purposes and may publish details of the grant award and the name of the organisation which it has been awarded to and in publicity material together with details of any project. All information will be stored securely and will only be shared with other D2N2 Local Authorities supporting the moderation process.  **Freedom of Information Act**  The Council is subject to the requirements of the Freedom of Information Act (“FOIA”) and the Environmental Information Regulations (“EIR”) and if it received a request for information concerning your application it may be required to disclose the information in response to the request. Information disclosed under the FOIA or EIR is publically available. The Council in its absolute discretion must determine whether it will disclose the information that has been requested or whether the information or any part of it is exempt from disclosure.  If information is requested under FOIA or EIR we may release it, subject to exemptions; although we may consult with you first. If you think that information you are providing may be exempt from release if requested, you should let us know when you apply.  **Declaration**  Nottinghamshire County Council will take your signatures on this form as confirmation that you understand our obligations under the Data Protection Act 1998 and the Freedom of Information Act 2000 and that you accept that Nottinghamshire County Council will not be liable for any loss or damage to you pursuant to our fulfilment of our obligations under the relevant law. |

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| **Section 10 - Declaration** | |
| I/We certify that the information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by our organisation.  We note that Nottinghamshire County Council reserves the right to withhold, vary or reclaim funding if any information supplied through the application process proves to be inaccurate, misleading or untrue.  We understand that any changes to the activities and/or providers listed in the application form can only be made with prior, written approval from the County Council.  We have not altered or deleted the original wording and structure of this application form as it was originally provided or added to it in any way.  We understand and agree that if we give any further information required by you, after submission of this application form, such information will be treated, for the purposes of the grant agreement (if awarded), as forming part of this application form.  We understand that if approved the proposals will not commence until formal grant approval is received. | |
| **Name:** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Job Title** | Click here to enter text. |

**Checklist of contents to be included**

|  |  |
| --- | --- |
| **Employability Action Plan** |  |
| **Employer sign off** |  |
| **Procurement policy** |  |
|  |  |
|  |  |

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| --- | --- | --- | --- | --- |
| **D2N2 objectives** | **Category of purchase from Careers Local specification** | **Outline of activity** | **How and where** | **Employer involvement** |
| **Self-Motivated** |  |  |  |  |
| **Experienced** |  |  |  |  |
| **Aspirational** |  |  |  |  |
| **Informed** |  |  |  |  |
| **Resilient** |  |  |  |  |
| **Self - Assured** |  |  |  |  |
| **Co-operative** |  |  |  |  |
| **Entrepreneurial** |  |  |  |  |
| **Accountable** |  |  |  |  |

**Framework Provider Order Form**

This form is to be filled out when using the Framework providers only. The providers on the framework are;

* Futures
* Ideas 4 Careers
* E4E
* Derbyshire Youthinc
* Learn by Design
* Forum Talent Potential
* Babington
* DEPB

Please fill in the below form for each provider you wish to use ( please copy and paste for multiple providers). This information will be sent to your chosen provider on acceptance of your bid.

|  |  |
| --- | --- |
| **Education Institution:** |  |
| **Contact Name:** |  |
| **Contact Telephone Number:** |  |
| **Chosen Provider:** |  |

**Please provide your activities and costs associated with this provider below, add more rows if needed.**

|  |  |
| --- | --- |
| **Activity** | **Cost** |
|  |  |
|  |  |
|  |  |

**Total - £**

**Careers Local Individual Learner Record**

**Learner information**

This section to be completed by the learner – please see the guidance notes for individual categories and enter the appropriate code or category

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Date of Birth |  |
| Given Name |  | | |
| Address Line 1 |  | | |
| Address Line 2 |  | | |
| Town/City |  | County |  |
| Postcode |  | Gender | Male Female |
| Telephone Number |  | | |
| Ethnicity |  | Household situation |  |
| Disability/Health Needs Primary |  | Disability/health needs secondary |  |
| This activity is part-financed by the European Union through the European Social Fund (ESF). ESF supports activities to extend employment opportunities and develop a skilled workforce | | | |
| Signature of Learner |  | Date |  |

**Educational Institution**

This section to be completed by the Educational Institution – please see the guidance notes for individual categories and enter the appropriate code or category

|  |  |  |  |
| --- | --- | --- | --- |
| Education Institution |  | Name of Contact |  |
| Address Line 1 |  | | |
| Address Line 2 |  | | |
| Town/City |  | | |
| County |  | Postcode |  |
| Telephone Number |  | | |
| Activities the Learner is to undertake and why they will take part in these activities |  | | |
| How was the learner identified? Please state all that apply |  | | |
| Learning Start Date |  | Actual End Date |  |
| Withdrawal Date (if applicable) |  | Reason for Withdrawal (if applicable) |  |
| I can confirm that the above named is aged 15-19 and at risk of NEET.  To the best of my knowledge I confirm the above named is not an Asylum Seeker | | | |
| Signature - Education Institution | | Date | |

**Privacy Notice**

How We Use Your Personal Information

The personal information you provide is passed to the Education and Skills Funding Agency, and the Department for Business, Innovation and Skills. Where necessary it is also shared with the Department for Education, including the Education Funding Agency.

The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training or education. You may be contacted by the English European Social Fund (ESF) Managing Authority, or its agents, to carry out research and evaluation to inform the effectiveness of the programme.

You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

🗸

About courses or learning opportunities

🗸

For surveys and research

🗸

By post

🗸

By phone

By email

🗸

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: https://www.gov.uk/government/publications/sfa-privacy-notice