**Viking Community Fund – Application for Small Businesses applying for Apprenticeship Support Funding**

Please read the accompanying Guidelines before completing the form.

All sections must be completed.

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| **Section 1:** Contact Details |
| Contact Name |  |
| Business Name |  |
| Position in organisation |  |
| Email address |  |
| Telephone | Daytime  Alternative  |
| Correspondence address(including postcode) |  |
| **Section 2:** Business and Finance information |
| Your company number (if applicable) |  |
| Total turnover last accounting year |  |
| Total profit/loss last accounting year |  |
| Value and nature of assets associated with the business |  |
| Value and source of any loans associated with the business |  |
| Other sources of funding associated with the business |  |
| **Section 3:** The Apprentice Position |
| The type of apprenticeship to be followed, i.e. modern, graduate |  |
| Name of apprenticeship and qualification they will gain |  |
| Name of Training Provider |  |
| Has the place been confirmed with the training provider? | **Yes/No (delete as appropriate)** |
| Will the cost of training be covered? | **Yes/No/Partly** |
| Proposed start/finish dates |  |
| How will you ensure the apprentice receives support and mentoring in the role? |  |
| Do you already have a suitable candidate you are keen to appoint? Y/N | **Yes/No (delete as appropriate)** |
| If you answered ‘yes’ above, please complete section 4 with the candidates’ details. If you answered no, skip section 4. |
| **Section 4:** Candidate details |
| Name of apprentice |  |
| Date of Birth |  |
| Address |  |
| Qualifications to be studied |  |
| How were they identified/recruited |  |
| **Apprentice Voice:** Please ask the apprentice to say, in their own words, what they feel about undertaking this apprenticeship –why do they want to do it, what are their long-term goals, etc? Please either attach as a letter or ask them to write in the box below. |
|  |
| **Section 5:** Impact of apprenticeship – what difference will it make? |
| To your business? |  |
| To the apprentice? |  |
| To the wider community? |  |

**Apprenticeship Budget**

Please complete the costs for creating and supporting this position (including those incurred by the apprentice) on the next page. You should indicate how they will be financed – this might be from your own business, grants from industry bodies or entitlements the apprentice may have via the Modern/Graduate Apprenticeship programme. Any costs that you are applying to the Viking Community Fund for, please write VCF as the funding source.

Please note that the maximum level of support available from the fund is £15,000 over a 3-year period (years 1 to 3 of the apprenticeship). 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.

Please explain the basis for each of these costs below (e.g. industry standard wage rates, protective clothing needed with costings, etc). We’d like to see the true cost of employing the apprentice across the time period and then from that allocate which areas you’d like the VCF grant to fund.

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| --- | --- |
|  | **Name of Business** |
| Item | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Funding Source (e.g. Own funds, VCF, Other)** | **Funding Confirmed Y/N** | **Notes/Additional Comments** |
| Full salary cost |  |  |  |  |  |  |  |
| Hourly pay |  |  |  |  |  |  |  |
| Hours per week |  |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |
| Course fees (if not covered by another party) |  |  |  |  |  |  |  |
| Travel to college and overnight stays (costs not already covered by the apprenticeship funder) |  |  |  |  |  |  |  |
| Your time invested (% of total working week) |  |  |  |  |  |  |  |
| Other: (Please specify) |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

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| **Section 6:** Checklist |
|  | **Yes** | **No** |
| We will ensure the apprentice completes all work within the requirements of the current health and safety legislation | [ ]  | [ ]  |
| I have read and accept SCBF guidelines for this scheme and its policies on Equality and Child Protection | [ ]  | [ ]  |
| **I have included the following documents with my application:** |
| Latest annual accounts  | [ ]  | [ ]  |
| Relevant Insurance documents, i.e. liability insurance | [ ]  | [ ]  |
| A copy of your businesses health and safety policy | [ ]  | [ ]  |
| A copy of your businesses Child Protection/Vulnerable Adult Policy (if applicable) | [ ]  | [ ]  |
| A copy of the employment contract with the apprentice if already recruited | [ ]  | [ ]  |
| Please provide name and contact details of a referee who we can contact about your business and interest in this scheme. (The referee should not be related to you or be an employees of your business).  |
| Referee 1 |  |

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| **Declaration**By submitting this application form to SCBF you certify that the information contained in this application is correct, and that you, the contact person listed in Section 1, are authorised to make the application on behalf of the above business. You understand that decisions made by SCBF are final. You confirm that the body you represent complies will all relevant Child Protection legislation if relevant to your activities.You also agree that the body you represent will provide any information required for monitoring and auditing the project and complete a report when the project is completed.**GDPR**Personal Data collected through this application will be used for the purposes of administering your grant and, if successful, it may also be used to promote the SCBF grant scheme. Further details on how we will use your Personal Data, who we share it with and your rights under GDPR can be found in our [Privacy Statement](https://www.scbf.org.uk/ags) |
| Signed:  |  Date:       |

Please return completed application form and any supporting documents to SCBF either by

email - admin@scbf.org.uk or by post to:

SCBF Ltd, Apprenticeship Support Scheme – Small Businesses, Market House, 14 Market Street, Lerwick, ZE1 0JP

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Do not fill in these sections - For SCBF use only

Application Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Date Received by SCBF |  |
| Checked by |  |
| Date application considered by panel |  |
| Decision (approve/decline) |  |