

# Partnership Form WDF 2011-12

To be completed by each member of the partnership

NMDS-SC Ref No:

Your Organisation name  
(NMDS-SC Reg Name)

Your Contact Name

Number of Employees in your Organisation

Name of partnership you are joining  
(Please note that you can only claim funding  
through one partnership)

Devon Care Training, A301, The Annexe, County Hall, Topsham Road, Exeter EX2 4QR

## Your NMDS-SC Registered Address

Town

City

Post Code

Phone No

Fax No

Email

## If your contact details are different from above please provide your details below

Town

City

Post Code

Phone No

Fax No

Email

## Members Declaration

My organisation/business is a member of this partnership and we are happy for the Lead Partner to sign the proposal on our behalf.

- I understand that the Skills for Care funding is a **Contribution** towards the cost of individuals in my organisation achieving relevant adult units of competence and that I cannot use this source of funding if they are eligible for funding through other sources.
- I understand that I have a responsibility to inform the Lead Partner of Adult Units achieved and any relevant evidence / information that they need to maintain financial probity and a clear audit trail on funding spent.
- I understand that I am only able to claim for volunteers and/or staff working within this organisation.
- I understand that I must keep a clear audit trail of the funding received from Skills for Care.
- I understand that I will need to ensure that I have fully completed and/or updated the required NMDS-SC data within the previous 12 months of any claim submitted.
- I understand that I can only claim this funding through one partnership and any attempts to claim through more than one partnership may result in my being disqualified from any future funding.

Name (Please Print)

Position in Organisation

Signature

Date