



# Funding Application Pack 2009/10

## Important Information

- Skills for Care Training Strategy Implementation Funding is available to support **employers** in the training of their social care staff in Devon, Torbay and Plymouth.
- Funding is available for qualifications completed between 1<sup>st</sup> January 2009 and 17th March 2010.
- We advise you to apply for funding as candidates **complete** each unit.
- Funding can be claimed in conjunction with fully funded qualifications from Train to Gain.
- **Please ensure that all signatures are completed before returning.**
- You are able to access this funding if you **have** completed your National Minimum Data Set. This **needs** to have been updated since 1<sup>st</sup> April 2009.
- Completed funding packs need to be sent to Devon Care Training, Room 222, County Hall, Topsham Road, Exeter, EX2 4QU. **It will take at least 2 months for the funding to be received.** Any further queries then please email [tsifunding@devon.gov.uk](mailto:tsifunding@devon.gov.uk) or call 01392 383197.



## Introduction

### 1. What is Devon Care Training?

Devon Care Training (DCT) is an employer lead partnership. DCT has taken over the role of administering Training Strategy Implementation (TSI) funding from the former Peninsula Care Sector Group (PCSG). Funding will be allocated to organisations in Devon, Torbay & Plymouth.

### 2. What qualifications can be funded?

The following qualifications are eligible for funding:

Common Induction Standards	£50	NVQ2 Health & Social Care	£70 per unit
LDQ Induction1	£50	NVQ3 Health & Social Care	£70 per unit
Managers Induction Standards	£50	NVQ4 Health & Social Care	£70 per unit
First Aid (certificated)	£40	Leadership and Management Award	£70 per unit
Moving & Handling (certificated)	£40	Assessor/Mentor/Verifier Award	£50 per unit
Food Hygiene (certificated)	£40		

### 3. What are the timescales?

- ❖ Funding is provided for training that is completed, assessed & verified between 1<sup>st</sup> January 2009 and 17th March 2010.
- ❖ The deadline for claims is 24<sup>th</sup> March 2010 (although it is likely to be over-subscribed).

### 4. How do I apply?

Photocopy this claim pack if you think you may claim more than once.  
 Claim for each unit once you have had it assessed and verified.  
 Remember to send in the Partnership Form the first time you claim.



## Funding Application Form

**Always complete for each candidate. ALL boxes need to be completed for successful funding**

Candidate Name:		Candidate Number:	
National Insurance No. :			
Payment Organisation:		No. Employees:	
Contact Person:			
Address (with postcode):			
If different we need employee workplace address and postcode:			
Candidate Workplace Area (circle):    Devon    Plymouth    Torbay			
Telephone:			
e-mail address:			
Qualification:			
Training Provider:			
National Minimum Data Set	Reg no:		
Units Claimed Please List			

**Always complete for each candidate. ALL boxes needed to be completed for successful funding**  
 Please attach evidence of units completed. This evidence must comprise of **individual** unit summary sheets (**certificates are not accepted**). The sheets must be signed by the assessor, verifier and the candidate.

Completion of the National Minimum Data Set (NMDS) is a requirement for successful Adult claims this year. If you have not yet completed your NMDS, please log on to [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk). If you do not have access to the internet or have lost your NMDS number, please telephone 0845 873 0129 (NMDS helpdesk).

**Have you received Skills for Care Funding before?    Yes / No**

**Candidates Declaration:**

- I understand that the details that I have given are true and correct to the best of my knowledge.

Candidate Signature :		Date :
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**Employers Declaration:**

- I understand that the Skills for Care England funding is a **contribution** to the cost of individuals in my organisation achieving relevant units of competence.
- I understand that I have a responsibility to inform the lead partner of units achieved and any relevant information that they need to maintain financial probity and a clear audit trail on funding spent.
- I can, where appropriate, fund the same candidate using other funding.
- I am not funding individuals in this proposal with funding from other Skills for Care England funding partnerships to which I might belong.
- I have completed the NMDS-SC organisation questionnaire.
- I have updated my NMDS-SC account data since April 1<sup>st</sup> 2009.

Employer's Signature :		Date :
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## COMMON INDUCTION STANDARDS FORM

**Regional Contract No:** SW-TSI-06 (09/10)

**Lead Partner Name:** Devon Care Training

<b>Staff Member's Name:</b>	<b>Staff Member's Work Role:</b>
<b>National Insurance Number:</b> (This will only be used to identify double funding)	<b>Employer's Name &amp; Full Address including Postcode:</b>
<b>Staff Member's Full Workplace Address (if different from Employer's)</b>	
<b>Tel No:</b>	<b>Tel No:</b>
<b>Date this staff member's employment commenced at this workplace:</b>	<b>What type of organisation are you e.g. private, voluntary etc?</b>
<p>Manager supervising this staff member's Induction confirms all sections of the Common Induction Standards (1 to 6) have been covered</p> <p><b>Name:</b> _____ <b>Work Role:</b> _____</p> <p><b>Signed by Manager on completion of Induction:</b></p>	
<b>Signed by Staff Member on completion of Induction:</b>	<b>Date Induction completed (DD/MM/YY):</b>

## **LEARNING DISABILITY QUALIFICATION (LDQ)**

### **INDUCTION FORM**

<b>Regional Contract No:</b> SW-TSI-06 (09/10)
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<b>Lead Partner Name:</b> Devon Care Training
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<b>Staff member's name:</b>	<b>Staff member's work role:</b>		
<b>National Insurance Number:</b> (This will only be used to identify double funding)	<b>Employer's name &amp; full address including Postcode:</b>		
<b>Staff member's full workplace address (if different from employer's)</b>			
<b>Tel No:</b>	<b>Tel No:</b>		
<b>Date this staff member's employment commenced at this workplace:</b>	<b>What type of organisation are you e.g. private, voluntary etc?</b>		
Manager supervising this staff member's Induction confirms all sections of the Learning Disability Qualification have been covered			
<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Name:</b></td> <td style="width: 50%;"><b>Work Role:</b></td> </tr> </table>		<b>Name:</b>	<b>Work Role:</b>
<b>Name:</b>	<b>Work Role:</b>		
<b>Signed by Manager on completion of Induction:</b>			
<b>Signed by staff member on completion of Induction:</b>	<b>Date Induction completed (DD/MM/YY):</b>		



## **MANAGER INDUCTION STANDARDS FORM**

**Regional Contract No:** SW-TSI-06 (09/10)

**Lead Partner Name:** Devon Care Training

<b>Staff member's name:</b>	<b>Staff member's work role:</b>
<b>National Insurance Number: (This will only be used to identify double funding)</b>	<b>Employer's name &amp; full address including Postcode:</b>
<b>Staff member's full workplace address (if different from employer's)</b>	
<b>Tel No:</b>	<b>Tel No:</b>
<b>Date this staff member's employment commenced at this workplace:</b>	<b>What type of organisation are you e.g. private, voluntary etc?</b>
Manager supervising this staff member's Induction confirms all sections of the Manager Induction Standards have been covered   <p><b>Name:</b> _____ <b>Work Role:</b> _____</p> <p><b>Signed by Manager on completion of Induction:</b> _____</p>	
<b>Signed by staff member on completion of Induction:</b>	<b>Date Induction completed (DD/MM/YY):</b>



**Training Strategy Implementation Funding 2009/10**

**FIRST AID/ ESOL/ MOVING & HANDLING/ FOOD HYGINE FORM**

**Regional Contract No:** SW-TSI-06 (09/10)

**Lead Partner Name:** DEVON CARE TRAINING

<b>Staff Member's Name:</b>	<b>Staff Member's Work Role:</b>
	Direct social care or management functions of social care
<b>National Insurance Number:</b> (This will only be used to identify double funding)	<b>Employer's Name &amp; Full Address including Postcode:</b>
<b>Course Attended (please circle):</b>  FIRST AID  ESOL  MOVING & HANDLING  FOOD HYGINE	<b>Tel No:</b>
<b>Name of awarding body the course is validated by (e.g. St Johns Ambulance):</b>	<b>Date Course Complete:</b>
<p><b>PLEASE ATTACH THE CERTIFICATE AWARDED AS PART OF EVIDENCE</b></p> <p>Claims will NOT be accepted without this.</p>	

**PLEASE INSERT DETAILS OF LEAD PARTNER FOR RETURN OF FORMS**



Appendix 1

**UNIT SUMMARY SHEET**

<b>Unit Code:</b>	<b>Unit Name:</b>
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In accordance with list of acceptable SfC funded units.

<b>Elements:</b>
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Competence has been demonstrated in all the elements of this unit through the agreed assessment procedures

<i>Position</i>	Name (block capitals)	Signature	Date
<i>Internal Verifier</i>			
<i>Assessor</i>			

<b>Name of approved assessment centre:</b>		<b>Centre No:</b>	
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I am satisfied with the way the assessment(s) was conducted and with its outcome

Candidate Name	Candidate Registration No	Signature	Date



## Partnership Form

<p style="text-align: center;">To be completed by each member of the partnership. Needs to be completed once for your organisation to be able to access funding.</p>	<p style="text-align: center;"><b>NMDS-SC Ref No:</b></p>
<p><b>Your Organisation Name:</b></p>	
<p><b>Your Contact Name:</b></p>	
<p><b>Name of Partnerships/Lead Partner you are joining:</b> Devon Care Training</p>	
<p><b>Your NMDS-SC Registered Address:</b></p>	
<p><b>Post Code:</b></p>	
<p><b>Telephone Number:</b></p>	<p><b>Fax Number:</b></p>
<p><b>Email Address:</b></p>	
<p><b>Partner's Declaration:</b></p> <p>My organisation/business is a member of this partnership and we are happy for the Lead Organisation to sign the proposal on our behalf.</p> <ul style="list-style-type: none"> <li>• I understand that the Skills for Care funding is a <b>contribution</b> to the cost of individuals in my organisation achieving relevant adult units of competence.</li> <li>• I understand that I have a responsibility to inform the Lead Partner of adult units achieved and any relevant information that they need to maintain financial probity and a clear audit trail on funding spent.</li> <li>• I can, where appropriate, fund the same candidate using other funding.</li> <li>• I am not funding individuals in this proposal with funding from other Skills for Care funding partnerships to which I might belong.</li> <li>• I understand that I am only able to claim for staff employed by this organisation.</li> <li>• I understand that I must keep a clear and robust audit trail of the funding received from Skills for Care.</li> <li>• I have completed the NMDS-SC organisation questionnaire.</li> <li>• I have updated my NMDS-SC organisational data since 1<sup>st</sup> April 2009.</li> </ul> <p><b>Name:</b> (please print) _____ <b>Position in Organisation</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	