

Please read the accompanying **Guidelines** before completing this form. You will need to attach copies of your latest **accounts**, **employers' liability**, and relevant **Health & Safety** documentation, and send your completed application to the Fund Managing Agent (details at the end of the form).

For grant deadlines please see the website https://caithnessbusinessfund.com/publications/

Section 1 - YOUR CONTACT DETAILS

| Contact name: | |
|-----------------------------|-----------|
| Contact phone number: | |
| Alternative contact number: | |
| Email address: | |
| Home address: | |
| | Postcode: |

Section 2 - YOUR BUSINESS

| Name of business: | | | | | |
|--|-----------|--|------------------------------------|-----|----|
| Nature of your business: | | | | | |
| Business address: | Posto | :ode: | | | |
| Number of employees: | | Number of previous/ current apprentices: | | | |
| Do you have employee and public liability insurance? | | oyee: Yes No se tick) | Public Liability: (please tick) | Yes | Νο |
| Can you provide evidence of r eg. relevant insurances, Health & S either the Health & Safety Executiv | Safety po | plicies or evidence of re | • | Yes | Νο |

Section 2 - YOUR BUSINESS (continued)

| Your company number (if applicable): | | |
|--|--------|----------|
| Your turnover for the last accounting year: | | |
| Your profit/loss for the last accounting year: | | |
| Is your business/organisation VAT registered? VAT is not an eligible project cost unless you are unable to reclaim VAT. | Yes | Νο |
| | (pleas | se tick) |

Section 3 - THE APPRENTICESHIP POSITION

| Apprenticeship: | | |
|---|---|----------------------|
| Likely start/finish dates: | Start: | Finish: |
| Who will provide the accredite | d training? | Π |
| What qualification will the app towards? | rentice be working | |
| Do you already have a suitable appoint? (If No please completed) | • | Yes No (please tick) |
| Name of apprentice: | | ^ |
| Age at date of application: | | |
| Current qualifications: | | |
| How have you identified this person? | | |
| Is the individual related to you or have a close link with you? | Yes No (please tick <i>If Yes, please confirm the re</i> | , |

What difference do you anticipate the Apprenticeship grant will make to your business? *Please provide as much information as possible.*

What difference do you anticipate the Apprenticeship grant will make to the apprentice? *Please provide as much information as possible.*

How will you provide a supportive pathway to enable successful completion of the apprenticeship? *Please provide as much information as possible.*

How will you monitor the progress of the apprentice? You will be required to provide regular progress reports to the Caithness Business Fund (CBF). e.g. regular reviews, college attendance, achievements in the workplace.

Section 5 - APPRENTICESHIP BUDGET

Please provide the budget for this position (including costs incurred by the apprentice) on the next page. Please explain these costs in the budget under the relevant headings (e.g. industry standard wage rates, protective clothing needed, etc.)

You should clearly indicate how the post will be financed – this might be from your own business, grants from industry bodies or entitlements the apprentice may have via the Modern Apprenticeship programme. Please indicate costs which will be paid for by the Caithness Business Fund grant.

Please note maximum amount of financial support to any business over the duration of an apprenticeship period is a total of £24,500 (over a maximum of 3 years). The final amount awarded will vary depending on the needs of each business, the apprenticeship being undertaken, the length of the apprenticeship, availability of other funding, and demonstration of a strong commitment to hosting a modern apprenticeship and providing a supportive pathway. The scheme will pay a maximum of £11,000 in year 1, £7,500 in year 2, £5,000 in year 3 of the wage costs. Plus, up to £1,000 towards equipment directly for the benefit of the apprentice.

VAT is not an eligible project cost unless you are unable to reclaim VAT.

Section 5 - APPRENTICESHIP BUDGET (continued) (You can provide your own spreadsheet)

| Name of Business: | | Hours of work per week: | | | Holidays per year: | | |
|--|------------------|-------------------------|-------|------------------|--------------------|---|-----------|
| Cost/item | Year 1 | Year 2 | | Year 3 | Total | Funding Source | Confirmed |
| | Date: | Date: | | Date: | | (highlight costs you wish the Caithness Business Fund to cover) | Yes / No |
| Salary (whilst in the workplace and attending college) | Hourly Pay Rate: | Hourly Pay | | Hourly Pay Rate: | | | |
| | Annual Salary: | Annual Sal | lary: | Annual Salary: | | | |
| Equipment | | | | | | | |
| Protective clothing | | | | | | | I |
| Course fees | | | | | | | n |
| Travel/Subsistence to college | | | | | | | |
| Any other costs – please specify | * | | | | | | n |
| Total: | n | | | | n | n | л |

Section 6 - COMPLETING YOUR APPLICATION

| Please ensure the following information is provided with the application: | |
|---|--|
| Copy of latest Accounts | |
| Copy of Insurance Certificates | |
| Relevant Health & Safety documentation | |
| Apprenticeship Budget (Section 5 or your own spreadsheet) | |
| Other supporting information | |

Section 7 - OWNER/DIRECTOR DECLARATION

| This MUST be completed by the owner/partner/director – | | (Please tick) | | |
|--|-----|---------------|--|--|
| | Yes | No | | |
| Have you ever had an alias or at any time changed your name? | | | | |
| lf yes, please detail - | | | | |
| Have you ever been declared bankrupt? | | | | |
| Have you ever been disqualified from acting as a director? | | | | |
| Have you ever been the director of a business that has gone into liquidation or been wound up? | | | | |
| Have auditors ever qualified the accounts of any company whilst you were a director? | | | | |
| Are you aware what money laundering is? | | | | |
| And of your duty to report such activity? | | | | |
| Are you aware when a company is insolvent and that wrongful trading in such a situation is an offence? | | | | |
| For sole traders and partners only: | | | | |
| Are you over the age of 18 years? | | | | |

Please complete a separate declaration for each owner/partner/director if applicable.

Section 7 - DECLARATION (continued)

(Please edit as required)

*I / We declare that the information given in this application is, to the best of *my / our knowledge true and accurate and *I / We agree that in the event of a grant being made:

a/ to supply such progress reports as may be reasonably required by CBF

b/ agree to participate in any publicity with regards the grant award

| Signed: | |
|--------------|--|
| | |
| | |
| Designation: | |
| Designation. | |
| | |
| | |
| Deter | |

Date:

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 therefore the more information you can provide to support your application the better.

Please return your completed application by email to

The Managing Agent

enquiries@caithnessbusinessfund.co.uk

| OFFICE USE ONLY: | |
|-----------------------------|------|
| Grant Ref Number: | Tick |
| FutureSkills apprenticeship | |
| CBF apprenticeship | |