



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:	
Job role:	
Contact phone number:	
Alternative contact number:	
Email address:	
Home address:	
	Postcode:

Section 2 - YOUR BUSINESS

Name of business:					
Nature of your business:					
Business address:					
	Postcode:				
Number of employees:		Number of previous/ current graduates:			
Do you have employee and public liability insurance?	Employee:	Yes	No	Public Liability:	Yes No
Can you provide evidence of relevant Health & Safety compliance? <i>eg. relevant insurances, Health & Safety policies or evidence of registration with either the Health & Safety Executive or the Highland Council.</i>					Yes No

Section 2 - YOUR BUSINESS (continued)

Your company registration number (if applicable):	
Your turnover for the last accounting year:	£
Your profit/loss for the last accounting year:	£
Does your business operate in a growth sector as defined by HIE for this area? <i>Key growth sectors include energy (including nuclear & renewables), food and drink, space, and tourism.</i>	Yes No
Please describe the Sector:	

Section 3 - THE GRADUATE PLACEMENT

Graduate role/title:			
Location of the role			
Current qualifications:			
Anticipated start date:		Graduation date:	
Required degree discipline/skills for the placement:			

Have you already identified a person for this role?	Yes	No
How have you identified this person?		
Is the individual related to you or have a close link with you?	Yes	No
<i>If Yes, please detail the relationship:</i>		

Do you intend to hire a graduate who is not a UK national? <i>If Yes, please confirm:</i>	Yes	No
We have the appropriate sponsor licence in place	Yes	No
We understand our legal responsibilities for visa sponsorship	Yes	No

Section 4 - MAKING A DIFFERENCE

Summary of the role (max 200 words.)

How does this graduate role contribute to the long-term development of your business? (max 150 words).

Will there be an opportunity for the graduate to remain in your organisation beyond the funded period?

Yes

No

To be reviewed during placement

How will you monitor the progress of the graduate? *You will be required to provide regular progress reports to the Caithness Business Fund (CBF). e.g. regular reviews, CPD etc*

Section 5 – FUNDING REQUEST

Proposed Salary for Graduate <i>(annual gross excluding Employer NI & Pension):</i>	£
Total salary over 24 months:	£
Amount of funding requested (up to 70%):	£
Will you be contributing to the remaining salary & on-costs?	Yes No
Will any public funding be used to support this role?	Yes No
<i>If Yes, please specify:</i>	

There will be further support of up to £1,250 per annum on CPD <i>(e.g. 2 x 20 credit CPD module at UHI North, West and Hebrides) with a preference on local training providers.</i> <i>If known, please specify the following:</i>	
CPD modules details:	
Training provider:	
Expected costs:	£

Section 6 - COMPLETING YOUR APPLICATION

Please ensure the following information is provided with the application:	Tick
Copy of latest Accounts	
Copy of Insurance Certificates	
Relevant Health & Safety documentation	
Other supporting information <i>Please detail:</i>	

Section 7 - OWNER/DIRECTOR DECLARATION

This MUST be completed by the owner/partner/director –

Have you ever had an alias or at any time changed your name?	Yes	No
<i>If yes, please detail:</i>		
Have you ever been declared bankrupt?	Yes	No
Have you ever been disqualified from acting as a director?	Yes	No
Have you ever been the director of a business that has gone into liquidation or been wound up?	Yes	No
Have auditors ever qualified the accounts of any company whilst you were a director?	Yes	No
Are you aware what money laundering is?	Yes	No
And of your duty to report such activity?	Yes	No
Are you aware when a company is insolvent and that wrongful trading in such a situation is an offence?	Yes	No

For sole traders and partners only:

Are you over the age of 18 years?	Yes	No
-----------------------------------	-----	----

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.

I / We* agree that in the event of a grant being made:

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

to participate in any publicity with regards the grant award

that I/We* meet the eligibility requirements for this scheme

to ensure that the graduate post will be meaningful, developmental and aligned with the business needs

to provide appropriate management and mentoring support throughout the placement

that I/We* understand that funding is subject to periodic review and report requirements

I/We* can confirm that this role is a new role and not displacing a current role

Signed:	
Designation:	
Date:	

Your application will be considered, and further information may be requested before a decision can be made.

Please return your completed application by email to

The Managing Agent

enquiries@caithnessbusinessfund.co.uk

OFFICE USE ONLY:

Grant Reference Number:	
--------------------------------	--