



# Employability Fund

## Training agreement

Training provider.....

### Participant details

N.I number.....	Post Code.....
SCN (SQA).....	Street 1.....
First name.....	Street 2.....
Middle name.....	Town/City.....
Last name.....	Mobile number.....
Gender      Male      Female	Home telephone number.....
Date of birth.....	Email address.....
	Preferred method of contact    SMS text    email

### Training details

Start date.....  
 Expected end date.....  
 EF stage    Stage 2      Stage 3      Stage 4

#### Output Type

- Introduction to Work Place Skills (min 18 SCQF credits) - Stage 2
- Other Employability (Min 18 SCQF credits) - Stage 2
- Other Employer Endorsed Award (Min 33 SCQF credits) - Stage 2
- Certificate of Work Readiness (Min 34 SCQF credits) - Stage 3
- Other Employability SCQF L4 (Min 18 credits) - Stage 3
- Other Employer Endorsed Award (Min 34 SCQF credits) - Stage 3
- Qualification A - Stage 4
- Qualification B - Stage 4
- Qualification C - Stage 4
- Not Applicable
- Certification Not Eligible for Funding - enter title

#### Referred By

College      DWP      Local Authority  
 Skills Development Scotland      Training Provider  
 SDS Site (see Ref Table).....  
 Local Job Centre (see Ref Table).....

Expected attainment (highest level)  
 Qualification      Job      Other

### Participant history and status

How long unemployed at start of training

0 to 12 weeks	13 to 25 weeks	26 to 51 weeks
52 to 77 weeks	78 to 103 weeks	104 weeks +

#### Eligibility

- 1a - An individual who is 17 and under who has reached their statutory school leaving date and is not in education, employment or training
- 2a - An individual who is 18 and over, unemployed for a period of 13 weeks or more, in receipt of benefit and not participating in the Work Programme
- 3a - An individual who is 18 and over, unemployed for less than 13 weeks, in receipt of benefit, not participating in the Work Programme and falls into one of the following Early Entry categories
- 4a - An individual of any age who is under threat of redundancy and within 13 weeks of their notified date of redundancy
- 5a - An individual who is 18 and over, not in education, employment or training and not in receipt of benefit

#### Early entry category

Care Experienced	Disabled Person
Offending History	Indirect benefit recipient
Left school in previous 52 weeks	Lone Parent
Progressing to a higher stage of EF	Redundant Worker
Refugee	Returner to the labour market
Sector Based Work Academies	SIMD
ASN    Yes    No	

### Allowances

Eligible for Young Persons allowance    Yes    No

### Work experience employers

Planned work experience    Yes    No	Work experience start date.....
Job Title.....	Work experience end date.....
Employer contact name.....	Employer company name.....
Employer contact telephone.....	Address line 1.....
Employer contact mobile.....	Address line 2.....
Employer contact email.....	Address line 3.....
	Post Code.....

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### General


### Information exchange acknowledgement and co-operation

The Employability Fund Programme is funded by The Skills Development Scotland Co Ltd ('SDS'). It is necessary for information regarding yourself as described in SDS's Privacy Notice relating to the Employability Fund Programme ("Personal Information") to be passed to SDS for the purposes set out in that Privacy Notice. The information may be shared with other organisations in the manner described in that Privacy Notice. The SDS Privacy Notice has been made available to you by your Training Provider and can also be found on the Employability Fund page of the Training Provider area on the SDS website.

#### Participant's Acknowledgement and Undertaking to SDS

By agreeing to participate in the Employability Fund Programme, I confirm that I have read and understood the contents of this Agreement and hereby:

- (a) acknowledge that the Personal Information identified in SDS's Privacy Notice for the Employability Fund Programme will be passed to SDS and used in the manner identified in that Privacy Notice;
- (b) undertake to co-operate with SDS and/or any of its partners or agents who may contact me to assist SDS and/or its partners in the monitoring, audit and/or evaluation of the Programme and the assessment of the impact of the Employability Fund Programme;
- (c) undertake to co-operate fully with SDS (and/or SDS's agents, as applicable) in response to any text or other message request for information to enable SDS to validate training provider claims for payment concerning my participation in the Employability Fund Programme;
- (d) undertake to co-operate fully with SDS (and/or SDS's agents, as applicable) in response to any reasonable request for information concerning my participation in the Employability Fund Programme, to enable SDS to monitor training provider compliance and quality assurance, measure outcomes and to assist with policy development; and
- (e) confirm that the details entered above or in any other information I may provide to any person in connection with my participation in the

Participant Name..... Date.....

Participant Signature.....

#### Training Provider declaration

I declare that:

- (i) I have given the Participant access to, and an appropriate opportunity to consider, SDS's current Privacy Notice for Employability Fund, prior to signing this agreement; and
- (ii) the information given in this agreement is correct and if claiming payment, I have evidence that the Participant has achieved the necessary requirements of the Participant's training plan.

Print Name..... Signature.....

Position..... Date.....