



# Employability Fund

## Eligibility confirmation

To be completed by EF Referring Organisation and the individual  
Print and sign completed document for SDS audit purposes

The Skills Development Scotland Co Ltd (SDS) works in partnership with Local Authorities, SDS Contracted Training Providers, Colleges and the Department for Work and Pensions (DWP) to deliver the Employability Fund.

### Section 1

#### Employability Fund referring organisation details

SDS	Organisation.....
.....	Address.....
DWP	.....
.....	.....
EF training provider	Phone number.....
.....	Email.....
Local Authority department	.....
.....	.....
College	.....
.....	.....

### Section 2

#### Individual details

Title Mr Mrs Ms Miss	Local SDS office (if known).....
Surname.....	SDS CSS number (if known).....
First name.....	.....
Address.....	Local Jobcentre (if known).....
.....	.....
Town.....	In receipt of benefit Yes No
Postcode.....	If Yes, please specify type of benefit.....
Phone number.....	.....
Email address.....	.....
.....	.....
Date of birth.....	.....
N.I number.....	.....

Previous participation in the Employability Fund

Yes No Don't know

If yes please provide details

For each previous experience on the EF, please specify the following, if known: EF Stage, EF Provider, dates of participation, qualifications achieved, work experience gained.

## Employability Fund

### Eligibility confirmation

#### Section 3

##### Eligibility criteria

EF Providers can check if a young person is case managed by SDS by contacting their local SDS Centre.

Eligible Groups	EF Stage	Confirming Organisation
An individual who is 17 or under who has reached their statutory school leaving date, is not in education, employment or training and case managed by SDS	2 3, 4	SDS SDS, EF Training Provider, College or LA
An individual who is 17 or under who has reached their statutory school leaving date, is not in education, employment or training and not case managed by SDS	2, 3, 4	SDS, EF Training Provider, College or LA
An individual who is 18 and over, not in education, employment or training and not in receipt of benefit	2, 3, 4	SDS, EF Training Provider, College or LA
An individual of any age who is under threat of redundancy and within the 13 weeks immediately prior to their notified date of redundancy	2, 3, 4	SDS
An individual who is 18 or over, in receipt of benefit, unemployed for 13 weeks or more and not participating on the Work Programme	2, 3, 4	DWP
An individual who is 18 or over, in receipt of benefit, unemployed for less than 13 weeks, not participating on the Work Programme, and falls into one of the following categories:	2, 3, 4	DWP
Left school in the previous 52 weeks		Disabled person
Lone parents		Refugees
Sector based work academies		SIMD
Redundant worker		Ex offenders
Care experienced		Returner to the labour market
Indirect benefit recipient		Progressing to a higher stage of the EF

#### Section 4

##### Individual Skills

Guidance for EF referring organisations on the completion of the Eligibility Confirmation document is available on Provider Central.

Core Skill (to be completed for all referrals to Stage 2 and 3)	Identified SCQF Level of operation	Comments
Communication (oral and written)	SCQF Level	
	Unable to identify	
Numeracy (using graphical information and using numbers)	SCQF Level	
	Unable to identify	
ICT (accessing information and providing and creating information)	SCQF Level	
	Unable to identify	
Problem solving	SCQF Level	
	Unable to identify	
Working with others (working co-operatively with others and reviewing co-operative contribution)	SCQF Level	
	Unable to identify	

**Other skills and experience relevant to the referral** (to be completed for all referrals to Stage 2, 3 and 4)

Please specify  
e.g. other qualifications,  
work experience,  
personal achievements

## Employability Fund

### Eligibility confirmation

#### Section 5

##### Individual needs from the Employability Fund

Guidance for EF referring organisations on the completion of the Eligibility Confirmation document is available on Provider Central.

Please supply a summary of the needs of the individual that the Employability fund should address including a justification for the most appropriate Stage of entry to the Employability Fund. E.g. personal development needs (Stage 2 and 3), career management skill needs, work experience, vocational training, industry recognised qualification, pre-employment training, any health issues or personal circumstances which may impact on employability, any additional support needs.

#### Recommendations for inclusion in the EF provision (please tick all that are recommended)

##### Core Skills for Stage 2 or 3

Communication  
Numeracy  
ICT  
Problem Solving  
Working with others

##### Personal Development for Stage 2 or 3

Motivation  
Confidence building  
Organisation skills  
Personal finance

##### Career Management Skills for all Stages

Work readiness skills and attributes  
CV Building  
Job seeking skills

##### Work Experience for all Stages

(as defined in appendix 4 of the EF Activity Rules)

Placement  
Job experience  
Realistic working environment  
Work taster  
Work shadowing  
Volunteering

##### Vocational for Stage 3

Certificated vocational training

##### Vocational for Stage 4

Industry recognised qualification  
Sector based work academy

Other recommendations for inclusion in the EF Individual Training Plan

#### Section 6

##### Agreed suitable EF provision

Employability aim/Job goal.....

EF training provider name.....

Support required to achieve the employability aim/job goal?

Contact name.....

Stage 2

Stage 3

EF training provider address (if more than one site).....

If vocational training, please specify industry sector

Stage 4

Please specify course/vocational area.....

# Employability Fund

## Eligibility confirmation

### Section 7

#### Confirmation of eligibility and suitability

This must be completed, signed and dated by the appropriate organisation, as detailed in Section 3, within the 28 days prior to starting on the Employability Fund.

I confirm that the individual is eligible for the EF (as detailed in Section 3) and the EF provision detailed in Section 6 is suitable to address the needs of the individual detailed in Section 5.

Signature of confirming organisation.....

Print name (in capitals).....

Date.....

Email address.....

### Section 8

#### Individual declaration

This must be signed and dated prior to any information being shared with regard to the individual and within the 28 days prior to starting on the Employability Fund.

I declare that the information provided in this form is correct.

I understand that my details may also be used for evaluation purposes.

**Data Protection:** I confirm my consent that my personal information provided on this form will be used by the referral organisations to: determine my eligibility and suitability for the Employability Fund; ensure that I am properly supported and reviewed throughout my Employability Fund activity and ensure that the performance of the Employability Fund is monitored effectively.

I understand that should I wish, I may withdraw my consent at any time by contacting my local Jobcentre or the named Employability Fund Training Provider.

I understand that the Local Authorities, SDS Contracted Training Providers, Colleges, Department for Work and Pensions (DWP) and the EF Training Provider named in Section 6 will share, process and securely store my personal information on their computer systems or in secure filing systems. The information will be kept no longer than necessary.

Signature of individual.....

Date.....

### Section 9

#### Feedback

Once the outcome of the referral is known, a completed copy of this section must be returned to the EF referring organisation, as detailed in Section 1, within 7 calendar days.

#### Summary of referral

EF Referring organisation in Section 1.....

Contact name in Section 7.....

Individual name in Section 2.....

N.I. Number in Section 2.....

EF Training Provider in Section 6.....

#### Result of referral

Did not attend                      Not suitable                      No longer interested

Agreed start date (please specify) .....

\* For all DWP referrals who have been offered a start date, the EF Provider must arrange a pre-entry interview with the individual's local Jobcentre to assess and confirm any entitlement to a DWP Training Allowance or Training Credits. For individuals aged 19 and over and not in receipt of benefit who have been offered a start date on the EF, the EF Provider shall encourage the Participant to attend a pre-entry interview with the Participant's local Jobcentre to discuss any underlying entitlements to a DWP Training Allowance. (Not every Participant will have an entitlement). The pre-entry interview must be conducted prior to commencement of the EF Activity.

If a start date has been agreed please answer the following questions to assist DWP to assess and confirm any entitlement to a Training Allowance:

Is the Employability Fund provision expected to last 2 weeks or less	Yes	No
Is the Employability Fund provision a sector based work academy	Yes	No
Has a pre-entry interview with DWP been arranged?*	Yes	No

Comment

Signature of Employability Fund Provider.....

Print Name (in capitals)..... Date.....

If the individual does not start on the agreed start date please notify the EF Referring Organisation to initiate any follow up procedures.