

# **Ethnic Intersectionality Incentive (EII) Grant to incentivise recruitment Application Form 2023/24**

This is the application form referred to in the Skills Development Scotland Ethnic Intersectionality Incentive (EII) Grant Rules. Please find additional guidance here <https://www.skillsdevelopmentscotland.co.uk/for-learning-providers/equality-and-diversity/funding-forms-and-guidance/>

## **Data Protection**

All personal information submitted through this application form will be processed in accordance with the data protection provisions set out in the Modern Apprenticeship Programme Conditions. Our privacy notice setting out the purposes for which we collect the personal data and how we will use and store it, is available <https://www.skillsdevelopmentscotland.co.uk/media/44673/ma-privacy-notice.pdf>

## **Note to Providers:**

Sections A and B of this form must be printed out, completed and signed by the Provider and the Apprentice applicant. Scan and password protect the form before emailing to SDS; store securely pending a decision. Once a decision is communicated to you securely dispose of the application form.

## **Section A - To be completed by the Provider**

<b>Provider</b>	
<b>MA Framework</b>	
<b>SCQF Level</b>	
<b>Providers representative</b>	
<b>Tel or mobile E-mail</b>	
<b>Eligible apprentice name</b>	
<b>Eligible apprentice postcode</b>	
<b>Eligible apprentice NI no</b>	
<b>Eligible apprentice gender</b>	
<b>Age (please select)</b>	<b>16-19                      20-24                      25+</b>
<b>Eligible apprentice start date</b>	
<b>Signed</b>	
<b>Date</b>	
<b>Print name</b>	
<b>Job title</b>	

**On behalf of the Provider, I confirm that by signing and submitting this form to SDS, the Provider agrees that:-**

The information given in this application is complete and correct. I have read the EII Grant Rules attached hereto and I confirm, for and on behalf of the Provider, that the Provider complies with them and shall continue to comply with them.

I confirm, for and on behalf of, the Provider that receipt of MFA (as defined in the EII Grant Rules) of the £1,000 EII Grant payment will not exceed their MFA threshold specified in section 36(1) of the Subsidy Control Act (2022).

I agree to SDS contacting us to evaluate this incentive. Please retain relevant information until the end of the delivery year ending April 1st 2024 or for up to 6 months after the individual completed/left the programme which ever is the longer period.

<b>Provider Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

**Section B - To be completed by the apprentice (Please read the criteria)**

<b>Name:</b>	
<b>Preferred title:</b> <i>(Eg Ms, Mr, Mx, Mrs, other</i>	

**I have read the criteria and confirm that I consider myself eligible as:**

- I identify as being from one of the communities listed below.**  
Please tick one box

<b>Asian, includes Asian Scottish and Asian British</b>	
Pakistani, Scottish Pakistani or British Pakistani	
Indian, Scottish Indian or British Indian	
Bangladeshi, Scottish Bangladeshi or British Bangladeshi	
Chinese, Scottish Chinese or British Chinese	
Other Asian Background	

<b>Black, includes Black Scottish and Black British</b>	
African, Scottish African or British African	
Caribbean, Scottish Caribbean or British Caribbean	
Other black background	
<b>Mixed or multiple ethnic groups</b>	
Mixed ethnic background	
<b>Arab includes Arab Scottish and Arab British</b>	
Arab, Arab Scottish or Arab British	

Prefer not to say	
-------------------	--

**2. Please tick each statement below that applies to you.**

My first language is a language other than English and I require ESOL support	
My participation in the labour market was disrupted and/or delayed due to parenthood and/or childcare responsibilities	
I hold refugee status	
My highest qualification is lower than National 4 or equivalent	
I have caring responsibilities for a vulnerable or disabled person	
I have been unemployed for longer than 6 months before starting apprenticeship (unemployed includes voluntary work or zero hours contract)	
I identify as LGBT+	
I am care experienced. (Care experienced means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives))	
I am disabled/ have additional support needs	
You currently live in an area of high deprivation (top 20% based on Scottish Government's SIMD map)	

**3. Please detail in the box below any other barriers to work or to education or to apprenticeships that relate to (i) being from the group set out in 1 above, (ii) a your age; disability; gender reassignment; marital status, pregnancy, race, religion or belief, gender or sexual orientation; or (iii) being care experienced (as defined in the EII Grant Rules), (iv) are from an area of high deprivation based on Scottish Government's [SIMD](#) Map**

**What will happen to the information you have provided?**

The completed forms will be used to decide on the payment of the EII incentive by SDS. SDS wishes to evaluate the programme therefore you may be contacted by SDS staff to gain your feedback and views however any information published will be anonymised to protect confidentiality.

If you complete and sign this form, the information contained in the form may be disclosed to SDS (and/or its agents), the Scottish Government, and any other formally appointed public authority auditors to verify any claim from your training provider for an incentive, and for audit purposes.

<b>Apprentice Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

The Equality team can also be contacted for help and advice to support you and the Apprentice to complete this form or to discuss the Ethnic Intersectionality Incentive (EII), at [Equality.Apprenticeships@sds.co.uk](mailto:Equality.Apprenticeships@sds.co.uk) .