

Workforce Development Fund Employer Claim Submission Form

| Organisation name | | |
|---|--------------------|---------------------------------|
| Adult Social Care Workforce Data Set (ASC-WDS) ID | | |
| Number of learners included in this submission | | |
| Γ. | T., . | TV I |
| Learning summary | Number | Value |
| Total number and value of RQF qualifications in this submission | | £ |
| Total number and value of | | £ |
| | | L. |
| apprenticeship qualifications in this submission | | |
| Total number and value of | | £ |
| learning programmes in this | | ~ |
| submission | | |
| Total number and value of digital | | £ |
| modules in this submission | | _ |
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| | | |
| OR | | |
| ☐ I confirm that none of the learnin | a being claimed ha | is been completed as part of an |

Declaration

apprenticeship.

This form must be completed by employers claiming the Workforce Development Fund through a partnership and submitted with each claim made.



- I confirm that we provide an adult social care service and directly employ care staff within England and that the learners included in this claim are paid staff employed by this organisation.
- I confirm that we have directly incurred costs for all learners and learning included in this submission, prior to making this claim for the Workforce Development Fund.
- I confirm that the Workforce Development Fund is being claimed as a contribution towards the total costs incurred by this organisation, for all learners included, to achieve the specified learning and that if this funding is being combined with any other funding source, the total amount claimed is equal to or less than the total costs incurred in achieving the learning.
- I confirm that the evidence we are supplying is accurate and that we have retained a copy on file.
- I understand that a maximum of £2,000 per learner can be claimed per funding year and that the amount of funding available to my organisation is limited.
- I understand that we must keep clear and accurate records of the funding spent and received for a period of 6 years and that we are required to supply information for audit purposes if requested by Skills for Care or a representative working on their behalf.
- I understand that we must fully complete/update the required Adult Social Care Workforce Data Set (ASC-WDS) to access the Workforce Development Fund and that our account data must be an accurate reflection of our service(s) and workforce.
- I understand that if we claim any funds which we are not eligible for then we will have to repay the value of these claims in full to the grant holder.

| • | you are the individual named below, that you understand your the funding and that you are authorised to make this declaration on. |
|--------------------------|---|
| Name | |
| Position in organisation | |
| Date of submission | |

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