

**The Highland Council Employment Grant**

**Application Form**

**Please speak to the Council’s Employability Team and refer to the Guidance prior to completing the form.**

**Employability Team – Telephone 01463 702771 email** **employability@highland.gov.uk**

**EMPLOYMENT GRANT APPLICATION FORM**

**PLEASE ENSURE THAT YOU HAVE SPOKEN TO THE COUNCIL’S EMPLOYABILITY TEAM PRIOR TO COMPLETING THIS FORM.**

**Section 1: General Information we need about the Business and the Job**

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| **Your Contact Details** |
| 1. | Name of Business and Contact Name | Business: | Contact Name: |
| 2. | AddressPostcode: |  |
| 3. | Telephone Number |  |
| 4. | E-mail |  **@** |
| 5. | Contact details for the grant if different from above |  |

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| **About the Business** |
| 6. | Nature of Business |  |
| 7. | How long has the business operated under the name shown above? | Years |
| 8. | If less than 1 year, please provide details of previous trading name (s) |  |
| 9. | Is the business in anyway part of a larger group? | Yes /No \_\_\_\_\_\_\_\_\_\_\_\_\_If Yes, what is the total number of employees in the whole group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | Please provide details about the core staff working in the whole business in the Highlands over the last 6 months. Do not include the new recruit. |  | Full time (over 30 hours a week) | Part time (21 and 30 hours a week) |
| At today’s date |  |  |
| 3 Months ago |  |  |
| 6 months ago |  |  |

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| **About the Job** |
| 11. | Please provide details of the job being created and the break- down of the wages |
| **Job Description/Start Date** | Basic Hourly Rate | Basic Hours per week | Basic Weekly Wage |
| Job Title: |  |  |  |
| Planned Start Date: |
| 12. | What training will you provide to the recruit – both internal and external? Please provide a summary of the training you will provide the recruit during the period of the grant. Funding for training that is not available through Skills Development Scotland may be available through this Programme. Please refer to the Guidance. |
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| **Marketing** |
| 13. | How did you hear about the Employment Grant Scheme? (PLEASE TICK) |
| Business Gateway [ ]  | Our website – [www.highland.gov.uk](http://www.highland.gov.uk) [ ]  |
| Highland Council [ ]  | Job Centre Plus [ ]  |
| Skills Development Scotland [ ]  | Other (please specify) |

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| **Business Banking Information** |
| 14.  | *The Highland Council will make monthly payments directly to your bank account by BACS* |
| Provide Bank Account details |
| **Name of Bank:** | **Sort Code:** |
| **Branch Name**  |  |
| **Branch Address:** | **Post Code:** |
| **Name of Business Account:** |
| **8 Digit Account Number (e.g. 00123456):**  |

**PLEASE NOW ASK THE RECRUIT TO COMPLETE THE SECTION 2 OVERLEAF. THE BUSINESS SIGNATURE AND THE RECRUIT SIGNATURE ARE REQUIRED AT THE END OF THE FORM.**

**Section 2: Details about your new Recruit**

**IMPORTANT:** Some of the recruit’s details will require to be evidenced at point of the first grant claim at the latest. These are marked with an **\*** Please refer to the guidance document and eligibility criteria guidance for further details.

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| **Recruits Details** |
| 15. | Name |  |
| 16. | Address**\***Postcode |  |
| 17. | Home Telephone Number |  |
| 18. | Mobile Number |  |
| 19. | E-mail  |  |
| 20. | Date of Birth**\*** |    |
| 21. | National Insurance Number |  |
| 22. | Are you Registered Unemployed or Out of Work. Please complete **one** of the columns | I am Registered Unemployed i.e. Claiming ESA (Work related Group) JSA or Universal Credit | I am out of work but not claiming employment related benefits |
|  |  | (please tick) [ ]  | (please tick) [ ]  |
|  |  | Complete part **A** and **B** below **only** | Complete Part **C** below **only** |
| **PART A: Explicit Consent :Only complete this section if you are claiming job seeking benefits**I (Insert name) give consent for Job Centre Plus to provide Andy Hamilton, Highland Council with my personal information as detailed below. The purpose of this request is to allow the Highland Council to confirm my eligibility to participate in in the Council’s European Social Fund Supported Employability Initiatives.The following information can be disclosed.1. Confirmation of my date of birth.
2. Confirmation of my National Insurance Number
3. Confirmation of my employment status
4. Confirmation of my receipt of either JSA, ESA or Universal Credits and to confirm claimant periods.

*I also authorise my employer to provide information to the Highland Council regarding my workplace progress during the period of the grant.*  |
| **Signature (recruit)** |  |
| **Todays Date** |  |
| **PART A: CONTINUED** |  |
| National Insurance Number |  |
| Unemployed | From: | To: |
| Last Employer (if applicable) |  |
| Reason for Leaving? | Leaving Date: |
| **PART B: Work Programme Check** Are you either currently on or have been in the past been on the national scheme The Work Programme? |
| To the best of your knowledge, please tick the option which you think applies to you. | Tick  | Date  |
| Date due to start on Work Programme |[ ]   |
| I have completed Work Programme  |[ ]   |
| I am Not Eligible for the Work Programme |[ ]   |

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| **PART C: Do not complete this section if you have completed part A and B.**I (insert name) confirm that I was neither permanently employed not claiming benefit from (insert date) to (insert date) |
| Please give a reason why you were not registered unemployed / claiming job seeking benefits? |
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| Last Employer |  |
| Leaving Date and reason for leaving |  |
| If further confirmation is required of the above statement, I authorise The Highland Council to contact the person names below |
| Name |  |
| AddressPostcode |  |
|  Telephone Number |  |
| E-mail  |  |
| Signature (recruit) |  |
| Todays Date |  |
| **Recruits Additional Eligibility Criteria** |
| 21 | Please tick the boxes in which a **minimum of 2 Eligibility Criteria must be selected and evidence provided.**(Please refer to the Eligibility Criteria detailed description at [www.highland.gov.uk/employgrants](http://www.highland.gov.uk/employgrants) . This is a very important part of the application therefore do not hesitate to contact Please discuss with the Employability Team for clarification and further support. |

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| **1. From Rural Areas** **By selecting Remote and Rural area can not select deprived areas.** (For more information look at Eligibility Criteria guidance’s) |[ ]  **2. From Employment deprived Areas****By selecting employment deprived area can not select Remote Rural area.** (For more information look at Eligibility Criteria guidance’s) |[ ]  **3. Long- Term Registered Unemployed**  |[ ]  **4. No Work Experience** |[ ]
| **5. Low Skilled** |[ ]  **6.Living in a Jobless Household** |[ ]  **7. Living in a Jobless household with dependent children** |[ ]  **8.Living in a Single adult household with dependent children** |[ ]
| **9.Primary Carer of older person** |[ ]  **10. Primary carer of a child/children** |[ ]  **11. Disability** |[ ]  **12. Mental Health Issues**  | [ ]  |
| **13. Long-term physical illness/ condition**  |[ ]  **14.Homeless or affected by housing exclusion** |[ ]  **15. Above 54 years of age** |[ ]  **16. Looked after young person** |[ ]
| **17.Substance Related Conditions** |[ ]  **18. Armed Forces Veteran** |[ ]  **19.Criminal convictions** |[ ]  **20. Migrants** |[ ]
| **21. Asylum Seeker** |[ ]  **22. Refugee** |[ ]   |  |  |  |

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| **DECLARATION** |
| The Business | I declare this information that I am providing in this form is correct to the best of my knowledge.Signature: Date: |
| The Recruit | I declare this information that I am providing in this form is correct to the best of my knowledge.Signature: Date: |