A black background with text

Description automatically generated

**HIGHLAND EMPLOYABILITY PARTNERSHIP**

**TEST AND LEARN GRANT FUND**

**Delivered by Highland Council’s Employability Service**

**Section 1: About Your Organisation**

* 1. **What is your organisation’s name and address?**

|  |
| --- |
| Organisation / Lead Accountable Body name: |

|  |
| --- |
| Organisation Address: |

|  |
| --- |
| Website: |

* 1. **Who is the main contact for this application? (They must have a good knowledge of the organisation and this application)**

|  |
| --- |
| Title: Forename/s: Surname: |

|  |
| --- |
| Position in Organisation: |

|  |
| --- |
| Address (if different than the above) |

|  |
| --- |
| Phone Number/s: |

|  |
| --- |
| Email address: |

Does the main contact have any communication needs? Eg text, phone, sign language, large print?

|  |  |
| --- | --- |
| Yes: | No: |
| If yes, what are they? | |

**1.3 Your Organisation (continued)**

|  |  |
| --- | --- |
| a) When did your organisation start? |  |
| b) How many people are on your governing body or management committee? |  |
| c) Are there Highland Council Elected Members or Officers on or attending your Management Committee or Board? (*Please note that this will not affect your application).* | Yes/no |
| Highland Council Elected Members: Please list | Council Officers: Please list |
|  |  |
|  |  |
|  |  |
|  |  |

**1.4 Delivery Partners**

|  |  |
| --- | --- |
| **Only complete this section if you are proposing to deliver the service as part of a partnership or consortium or intend to use subcontractors for any element of the programme delivery.** | |
| Complete the table below to include the name and a brief description of the partners / consortium members / sub-contractors, along with a description of their respective roles, specific services they will deliver, the client groups they will support. | |
| **Delivery Partner** | **Service to be Delivered** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 2: Service Offer**

**2.1 Geographic Areas**

|  |  |
| --- | --- |
| **Please indicate the geographic area/s you are applying for the funding for. Please note we would expect the Service you provide would cover the whole of the geographic area/s selected.** |  |
| * 1-Caithness * 2-Sutherland      * 3-East Ross * 4-Inverness, Nairn, Badenoch & Strathspey * 5-Lochaber * 6-Skye & Lochalsh and Wester Ross |  |
| **Comments (if required)** | |

**2.2 Service Delivery**

|  |
| --- |
| **Please provide a detailed description of the end-to-end Service offer to support the client’s journey towards employment and how this will be delivered within the geographic area/s selected, making reference to:**   * **Communication Plan:** client engagement and participation methods; stakeholder engagement/referral routes; course and marketing material * **Employability Services:** keyworker/mentoring support; employability activities; skills development training; work experience opportunities; health and wellbeing; financial support; aftercare support * **Specialist Support:** Individual Placement Support/Supported Employment * **Delivery Methodology:** inhouse/sub-contracting/consortium; individual/group work; face to face/remote access; training centre/online platform; service delivery tools * **Accessibility:** delivery/co-location sites; on-site facilities; specialist access and equipment; transport links; online platforms; tools; training materials * **Employer Engagement:** securing job opportunities; managing job sustainment; labour market knowledge; ability to respond to emerging labour market opportunities; promotion of Fair Work Principles   *Please make your response in the space below or attach your response as an annex. Your response should be maximum six full sides A4, Min font Size: 12. These can be attached as a separate document if required.* |
|  |

**2.3 Skills and Experience and Capacity to Deliver**

|  |
| --- |
| **2.3 (a) Please provide:**   * A detailed description Your Organisation’s experience of delivering employability provision and supporting the client groups within the fund guidance; * The number of staff/hours per week dedicated to supporting Service delivery; * Roles and responsibilities of all operational staff; * Details of the relevant skills, knowledge, experience and qualifications of the existing staff who will be delivering the service and/or the minimum skills and experience required if you are recruiting new staff; * State of readiness to meet proposed Commencement Date including information regarding staffing recruitment requirements; * A description, if you are delivering other external funding projects / contracts etc, of how your organisation has the capacity to deliver this grant application proposal;   *Please make your response in the space below or attach your response as an annex. Your response should be maximum four full sides A4, Min font Size: 12* |
|  |

**2.4 Programme Management**

|  |
| --- |
| **Please describe your management arrangements. Please also outline the administrative capacity available to support quality service provision and to provide monitoring and administrative data accurately and in a timely manner including reference to:**   * Governance and management structure – organisational chart (if available) * Previous experience of managing external funded programmes; * Resources to fulfil administration, data gathering and reporting, and compliance requirements; * Robust financial management systems and processes; * Controls and procedures to manage data security; * Capacity to input relevant data onto the Council’s Hanlon MIS (training will be provided);   *Please make your response in the space below or attach your response as an annex. Your response should be maximum four full sides A4, Min font Size: 12* |
|  |

**2.5 Performance Monitoring**

|  |
| --- |
| **Please describe your internal performance and management framework including:**   * Monitoring framework: how you will manage your own performance and measure distance travelled for clients; * Quality Assurance measures to satisfy minimum service delivery standards; * Capturing client feedback and implementing continuous improvement; * Risk assessment and proposed mitigation actions; * Systems and processes to monitor performance of delivery partners (if relevant)   *Please make your response in the space below or attach your response as an annex. Your response should be maximum four full sides A4, Min font Size: 12* |
|  |

**Section 4: Declaration**

**4.1 Declaration**

We confirm that we are allowed to submit this application on behalf of:

**Name of Organisation:**

|  |
| --- |
|  |

We undertake to ensure that if requested by Highland Council, you will provide:

* Constitution or Memorandum and Articles of Association
* Evidence that the primary base of your organisation is within the Highland Council area
* Most recent annual accounts or if not available, the last 3 bank statements
* A bank statement to prove that the organisation has an active UK bank account at the time of application
* Child protection and / or Safeguarding policy
* Equal opportunities policy or statement

The data you have provided in the application and claim forms will be recorded on an electronic data base and are subject to the provisions of the Freedom of Information Act (Scotland) Act 2002, the Data Protection Act 1998.

Please provide 2 signatures. Signatory 1 should be the Chairperson of the Organisation and signatory 2 should be the person who has completed the form. If these two people are the same, signatory 2 should be another member of your organisation’s committee.

**Signatory 1**

|  |  |  |
| --- | --- | --- |
| *Print Name:* | *Signature:* | *Date:* |
| *Role in Organisation* |  | |

**Signatory 2**

|  |  |  |
| --- | --- | --- |
| *Print Name:* | *Signature:* | *Date:* |
| *Role in Organisation* |  | |

**Completed applications and documentation should be emailed to** [**employability@highland.gov.uk**](mailto:employability@highland.gov.uk) **by 12 noon, Monday 25th September 2023.**