|  |  |  |
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|   |  | **General Company Level** **Data Capture Form** |

## Section One – Company Information

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| --- | --- |
| 1 Company Name |  |

|  |  |
| --- | --- |
| 2 Companies House Number |  |

|  |  |
| --- | --- |
| 3 Registered address |  |

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| --- | --- | --- |
|  |  | **Postcode:** |

|  |  |
| --- | --- |
| **4 Contact Details** | **Tel No**: |

***ESF support on this project may be dependent on company size.*** *Questions 4 to 5 are intended to identify whether or not a company is an SME (less than 250 employees or balance less than* *€43M or annual turnover of less than €50M). Where respondents are unsure, clarification and evidence should be sought and submitted with this form e.g. if the number of employees might be 250 or 300, consult payroll and send a letter from the enterprise confirming the* ***actual*** *number of employees.*

*The number of employees corresponds to the number of annual working units (AWU) – that is, full-time equivalents (FTE) during one year, with part-time and seasonal workers being fractions of AWU. The reference year is to be the last approved accounting period. The turnover and balance sheet total thresholds are those of the last approved 12-month accounting period. In the case of newly established enterprises whose accounts have not been approved, the thresholds shall be derived from a reliable estimate made in the course of the financial year.*

|  |
| --- |
| 5 How many people did you employ (AWU) in the last approved accounting period (across the whole organisation)? |
| 9 or less |  | 10 to 49 |  | 50 to 249 |  | 250 or more |  |
|  ***Declaration on number of employees to be signed by Chief Executive / Managing Director / Finance Manager / Company Secretary or other comparable position.******I confirm that the number of employees does not currently exceed 249 FTE’s.******This figure also includes those employees, employed at linked companies that are part of a wider group or franchise.******Name:******Position:******Signed:******Date:*** | Yes | No |
| 6 Do you have either a balance sheet of less than €43M, or an annual turnover of less than €50M  |  |  |

|  |
| --- |
| 7 What is the legal status of your organisation? (If necessary, tick more than one box)Independent enterprises are those not owned as to 25% or more of the capital or the voting rights by one enterprise, or owned jointly by several enterprises, falling outside of the definition of SME whichever may apply |
| Sole Trader |  | Public Limited Company |  |
| Partnership |  | Public Sector Organisation/Local Government |  |
| Private Limited Company |  | Voluntary/Community Sector/ Not for Profit Organisation |  |
| I Non-Independent Company |  |  Receive 50% or more of your funds from a public sector grant |  |

|  |
| --- |
| 8 Non-Independent Enterprises can still be considered an SME providing one of the following three statements apply. |
|  | A | The owning organisation meets all of the SME criteria i.e. employee numbers turnover and balance sheet  |
|  | B | The enterprise is held by public investment corporations, venture capital companies or institutional investors that DO NOT exercise control either jointly or individually |
|  | C | If the capital is spread in such a way that it is not possible to identify by whom it is held and the enterprise declares it legitimately presumes it is not owned by one or more enterprise not fitting the SME criteria. |

|  |
| --- |
| 9 What is the main function of your business? (Based on Companies House Standard Industrial Classifications) |
| Agriculture, Forestry & Fisheries |  | Mining and Quarrying |  | Manufacturing |  |
| Electricity, gas, steam air conditioning supply |  | Water supply, sewerage, waste management and remediation activities |  | Construction |  |
| Wholesale and retail trade; repair of motor vehicles and motorcycles |  | Transportation and storage |  | Accommodation and food service activities |  |
| Information and communication |  | Financial and insurance activities |  | Real estate activities |  |
| Professional, scientific and technical activities |  | Administrative and support service activities |  | Public administration and defence; compulsory social security |  |
| Education |  | Human health and social work activities |  | Arts, entertainment and recreation |  |
| Other (please specify) |  |  |

## 10 Declaration - I declare that the amount of De Minimis aid (see notes) received by the company/organisation over the last three fiscal years is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2013-14 | 2014-15 | 2015-16 | 2016-17 | TOTAL |
|  |  |  |  |  |

|  |
| --- |
| **11** I confirm that, to the best of my knowledge, the information above is correct and given in good faith. I confirm that I understand that failure to meet the contract employer size requirements may result in this enterprise being ineligible to receive support from ESF funds.In addition I confirm that, if they are required, appropriate levels of cash/”in-kind” contribution will be provided in accordance with the below definitions of Training Aid. If “in-kind” contribution is being used and supporting evidence fails to meet requirements I understand that I will be required to make up any shortfall by means of a cash payment or repayment of aid. |
| Signed |  | Date |  |
| Name |  |
| Position within firm |  |
| Email address  |  |

**12** **Declaration on number of employees to be signed by Chief Executive / Managing Director / Finance Manager / Company Secretary or other comparable position.**

I confirm that the number of employees does not currently exceed 249 FTE’s.

This figure also includes those employees, employed at linked companies that are part of a wider group or franchise.

|  |
| --- |
|  |

Exact Number of Employees

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name |  |
| Position within firm |  |

***Data Protection Act 1998*** *– This information may be shared with other organisations and Department for Education and Skills and Department for Work & Pensions for administrative, statistical and research purposes, to inform careers and other guidance and to monitor progress.*

Section Two – Intervention Information

|  |  |
| --- | --- |
| 1 SFA Contract Number |  |

|  |  |
| --- | --- |
| **2 Employer Name** |  |

|  |
| --- |
| 3 Aid Log (Delivery Organisation to complete intended activities prior to completing form)Note: the aid is not necessarily the full funding paid by the Skills Funding Agency to the provider. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of ActivityE.g. Workforce Development Advice Training Needs Analysis Training Delivery IIP Advice Key workers Basic skills participation Learning participation  | **Planned Date** | **State Aid Y/N** | **Reason if not state aid** | **Aid Value, if applicable** | **Aid type (De Min/Train Aid)** |
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| --- | --- |
| Provider Signature |  |
| Name |  |
| Provider Name & UKPRN |  |
| Date |  |

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**Section Three - Organisational Needs Analysis**

###### **Company Background, Business Vision & Goals**

|  |
| --- |
| How long has the business been established? Company goals and targets for the future? Current and future key challenges for the business? |

##  Markets, Products & Services

|  |
| --- |
| What are the main markets, products and services? How is the market place changing/ adapting? |

######  **Structure and People**

|  |
| --- |
| How is the company organised? What are the perceived skills gaps across the organisation? |

1. **Recruitment**

|  |
| --- |
| What issues does the employer face surrounding recruitment/ retention of staff/ skills acquisition? |

1. **Existing Training**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. **Is further training and development planned in the next 6-12 months?**
 | Yes [ ]  No [ ]  |

|  |
| --- |
| Details (in-house or externally delivered?): |

**7. Training Needs Identified**

|  |  |  |  |
| --- | --- | --- | --- |
| Business issues requiring training solution/Support | Type/Level of qualification, short course or support proposed | No of employees requiring training/support | Training/support required when? |
|  |  |  |  |
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I certify that the actions described above meet my current and (known) future business needs at this time and that I am aware that if I require any further help, particularly for any skills-related issues I can seek further assistance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Signature: |  | Name: |  | Date: |  |
| Provider Signature: |  | Name: |  | Date: |  |

Section Four – State Aid Notes

For full State Aid information refer to the BIS guidance: <https://www.gov.uk/guidance/state-aid>

The **De Minimis** regulation allows Member States to give comparatively small amounts of support up to a certain limit, which may be paid for almost any purpose, as long as it meets all of the conditions set out in the Regulation. Prior notification and approval are not necessary as long as the requirements of the regulation are met.

Legal basis for De Minimis is the Commission Regulation on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to aid.

De Minimis aid is used to describe small amounts (€200,000 over a 3 year fiscal period) (€100,000 in the road freight transport sector) of support which complies with the De Minimis. 4.3 The European Commission considers that public funding which complies with the De Minimis regulation has a negligible impact on trade and competition, and does not require notification and approval.

De Minimis can be given for most purposes, including operating aid, and is not project-related:

The maximum De Minimis funding any single recipient can receive is €200,000 (cash grant equivalent) over a 3-year fiscal period. You must take steps to ensure the limit is not exceeded and that you can demonstrate this, hence this form. The road freight hire sector has a limit of €100,000.

The sterling equivalent is calculated using the Commission exchange rate (See journal exchange rate <http://ec.europa.eu/unitedkingdom/work_with_eu/rates/index_en.htm>) applicable on the written date of offer of De Minimis funding.

The above ceilings apply to the total amount of De Minimis aid to a single recipient from all sources of De Minimis aid.

De Minimis aid cannot be given towards the same costs that are being supported under another block exemption or notified scheme if it means that the total aid would exceed what is allowed under the block exemption or notified scheme. De Minimis aid could be given for separate costs however.

De Minimis aid cannot be given for:

* Aid for “export-related activities”, in particular assistance which is linked to exported quantities, assistance to establish or operate a distribution network, and other current expenditure linked to exporting is not permitted, but you can support attendance at trade fairs.
* Aid contingent upon the use of domestic over imported goods
* Agriculture and fisheries. If you wish to give aid for agricultural activities, separate De Minimis regulation applies. Please contact Defra for more information as they have their own €15,000 limit under EC regulation 1408/2013

The full text of the De Minimis Regulation should be consulted for definitive guidance. <http://ec.europa.eu/competition/state_aid/legislation/de_minimis_regulation_en.pdf>

**Where the De Minimis threshold is exceeded, you must use Training Aid.**

Legal basis for the (**Training Aid**) General Block Exemption Regulation (GBER) is the Commission Regulation EU No. 651 / 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (General block exemption Regulation).

The promotion of training constitutes a central objective of the economic and social policies of the Union and its Member States.

Training usually generates benefits for society, increasing the pool of skilled workers and improving the competitiveness of industry. Aid to promote training is therefore exempted from the notification requirement under certain conditions. In light of the particular handicaps that SMEs face and the higher relative costs they must bear when they invest in training, the intensities of aid exempted by the General Block Exemption Regulation (GBER) are increased for SMEs. Additionally, the intensities of aid exempted are further increased if the training is given to disadvantaged workers or to workers with disabilities.

The GBER covers aid up to €2 million per training project providing certain conditions are met. Any individual aid with a grant equivalent exceeding €2 million per training project must be notified to the Commission for prior approval. Aid cannot be granted for training which is carried out to comply with national mandatory standards on training.

Eligible Costs and Aid Intensities. The eligible costs shall be the following:

(a) Trainers’ personnel costs, for the hours during which the trainers participate in the training;

(b) trainers’ and trainees’ operating costs directly relating to the training project such as travel expenses, materials and supplies directly related to the project, depreciation of tools and equipment, to the extent that they are used exclusively for the training project. Accommodation costs are excluded except for the minimum necessary accommodation costs for trainees who are workers with disabilities;

(c) Costs of advisory services linked to the training project;

(d) Trainees' personnel costs and general indirect costs (administrative costs, rent, overheads) for the hours during which the trainees participate in the training.

The aid intensity must not exceed 50% of the eligible costs. It may be increased, up to a maximum aid intensity of 70% of the eligible costs, as follows:

(a) By 10 percentage points if the training is given to workers with disabilities or disadvantaged workers;

 (b) By 10 percentage points if the aid is granted to (51 to 250 employees) medium-sized enterprises and by 20 percentage points if the aid is granted to small enterprises (less than 50 employees);

Note:

* The value of the aid may not be the value of the funding provided by the Skills Funding Agency. It should be the cost of providing the training, as shown above under eligible costs.
* Where the aid provided will be 50% of the costs of training, for example, the employer will need to provide evidence for the remaining 50% of the costs through timesheets of the learner and confirm hourly rates.
* Evidence of the enterprise’s contribution must be signed by the employer and retained by the provider.

You must refer to the full text of the regulation: <http://ec.europa.eu/competition/state_aid/legislation/block.html>

Section 4 – Training Aid Notes

Section 4 – Training Aid Notes

Section Five – Training Aid Disadvantaged Worker Declaration (PROTECT – SENSITIVE)

We confirm the staff below fall into the disadvantaged category that has been identified.

Disadvantaged Categories:

1. Has not been in regular paid employment for the previous 6 months
2. Works in a sector or profession where the gender imbalance is at least 25% higher than the average gender imbalance across all sectors and belongs to that underrepresented gender group; or is a member of an ethnic minority who requires development of his or her linguistic, vocational training or work experience profile to enhance prospects of gaining stable employment.
3. Is over the age of 50
4. Has not attained an upper secondary educational or vocational qualification (A level or equivalent)
5. Is a member of an ethnic minority within a Member State and who requires development of his or her linguistic, vocational training or work experience profile to enhance prospects of gaining access to stable employment?
6. Lives as a single adult with one or more dependents
7. Has a recognised disability under national law or has a recognised limitation which results from physical, mental or psychological impairment.

See Article 2.18 to 2.19 of the Commission Regulation (EC) No 800/2008 declaring certain categories of aid compatible with the common market in application of Articles 87 and 88 of the Treaty, OJ L 214, 9.8.2008, p. 3-47.

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Disadvantaged Categories Numbers** | **Evidence of Disadvantage Seen by Provider** |
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**I confirm I have seen the evidence of disadvantage.**

|  |  |
| --- | --- |
| Provider Signature |  |
| Name |  |
| Date |  |

**TO BE RETAINED BY THE PROVIDER**

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**Section Six – Post Training Review**

 Please complete these questions at the end of the training programme to review the impact that the training has had.

 1 = no impact, 5 = strong impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| 1. How much improvement has your staff member(s) made since completing their training / learning?
 |  |  |  |  |  |
| 1. What changes have there been to skill levels?
 |  |  |  |  |  |
| 1. What changes have there been to knowledge levels?
 |  |  |  |  |  |
| 1. What changes have there been to the motivation of staff?
 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Please tick the most appropriate response | Yes | No |
| 1. Did the training meet your expectations?
 |  |  |
| 1. Was the content appropriate to your organisational needs?
 |  |  |
| 1. Was the delivery appropriate to your organisational needs?
 |  |  |
| 1. Would you recommend the training to other organisations?
 |  |  |
| 1. Please identify any improvements that could be made.
 |
| 1. Are there any other comments that you wish to make?
 |

**Thank you for your** **feedback**

 ****