ARC Workforce Development (WDF) Claim Form 2020/21

*Please complete both pages of this form, and attach final certificate for each employee’s qualification.*

|  |  |
| --- | --- |
| Organisation name |  |
| Establishment name (one claim per establishment) |  |
| First line of establishment address |  |
| ASC-WDS number |  |
| Number of learners included inthis submission |  |
| **Learning Summary** | **Number** | **Value** |
| Total number and value of RQF qualifications in this submission  |  | £ |
| Total number and value of apprenticeship qualifications in this submission |  | £ |
| Total number of Digital Learning Modules |  | £ |
| Total number and value of learning programmes in this submission  |  | £ |

**Please note: Apprenticeship levy paying employers cannot use the Workforce Development Fund to offset apprenticeship levy payments. It is possible to claim WDF alongside the apprenticeship levy but it is not possible to use WDF towards apprenticeship training delivery or end-point assessment costs which have been funded through the levy.**

**The following section MUST be completed:**

The learners listed below have completed their diploma as part of an apprenticeship.

|  |
| --- |
|  |

OR

□ I confirm that none of the learning being claimed has been completed as part of an apprenticeship.

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

Declaration

* I confirm that we are an adult social care employer and that the learners included in this claim are staff and/or volunteers 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 up to £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 have to fully complete/update the required Adult Social Care – Workforce Data Set (ASC-WDS) data 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.

Tick this box to confirm you are the individual named below, you are authorised to make this declaration on behalf of this organisation, you understand your responsibilities in claiming funding and ARC has been notified that you are a nominated contact for your organisation.

|  |  |
| --- | --- |
| Name |  |
| SIGNATURE |  (not typed) |
| Position in Organisation |  |
| Date of submission |  |

Workforce Development Fund employer claim submission form – page 3

Employee’s Name: Registration No:

 Unique Learner Number:

Qualification: Level: 1 2 3 4 5 other

 Type: Award Certificate Diploma other

 Qualification Title:

Training Provider:

Employee’s Name: Registration No:

 Unique Learner Number:

Qualification: Level: 1 2 3 4 5 other

 Type: Award Certificate Diploma other

 Qualification Title:

Training Provider:

Employee’s Name: Registration No:

 Unique Learner Number:

Qualification: Level: 1 2 3 4 5 other

 Type: Award Certificate Diploma other

 Qualification Title:

Training Provider:

Employee’s Name: Registration No:

 Unique Learner Number:

Qualification: Level: 1 2 3 4 5 other

 Type: Award Certificate Diploma other

 Qualification Title:

Training Provider:

*(please continue on additional sheet/s and attach copies of certificates per employee)*

 **ARC Privacy Notice**

 ARC takes your privacy seriously and will only use your information to administer the products and services you have

 requested from us. We will never sell your data and we promise to keep your details safe and secure.