Form 3

Employer Recruitment and Training Support Application Form

Use this if you are an employer seeking funding for recruitment and training

Do you need help with recruitment and training?

The answer is Access.

Participant Name: 

Participant Number: 

For office use only

Access
Before you fill in the form

Please read our guidance notes, then complete this jointly with the person you are recruiting. Please use a separate form for each new recruit.

Use BLOCK CAPITALS and answer all questions. If you make any mistakes, cross them out and write your initials next to them. Do not use correction fluid to amend any details. Please note we cannot accept photocopied application forms. Printed PDFs are acceptable. Please ensure that this form is completed in full. Incomplete applications will not be processed and will result in the start of employment being delayed.

Remember, you will not be eligible for this funding if the employee starts working for you before your application has been approved.

Your new recruit should now check their eligibility and complete Sections 1 to 3. You can then complete Sections 4 to 7, and send the form back to the Welsh Government’s Access administration team in the .

If you need help completing this form contact the Access Team on 03000 259037.

Getting it right the first time

Before you send us your application, please check that your forms are completed in full (incomplete forms will not be processed and will result in employment being delayed) and make sure you have enclosed the following:

- Proof of your new recruit’s NI number.
Please make sure that every section of this form is filled in before it is returned. If any information is missing or incorrect, your application will be delayed. Please initial any mistakes. Do not use correction fluid. We cannot accept photocopies but printed PDFs are acceptable.

Section 1 - Your new recruit fills this in

First check your eligibility – your employer can only apply for this if the following apply to you:

Access support is available if you:

- Live within the Unitary Authorities listed within the Valleys Task Force Area (Swansea, Merthyr Tydfil, Blaenau Gwent, Torfaen, Rhondda Cynon Taff, Caerphilly, Neath Port Talbot, Bridgend, Carmarthenshire).

  AND

- Are aged 18 and over.

  AND

- Are not eligible for this support from any other available provision including ESF-funded programmes.

  AND

- Are unemployed and registered with Jobcentre Plus (this includes those claiming benefits or those claiming credits only), or are included in a spouse or partner’s claim for benefits.

  AND

- Have a lack of current, relevant or transferable work experience but are considered work focused.

  AND

- Have a reasonable chance of being ready for employment as a result of engaging with the Programme (within 6 months).

Please note that every application is assessed on its own merit and approval is at the discretion of the Access Team in the Welsh Government.

Now please complete Sections 1 to 3. You must include evidence of your National Insurance number. If you require any advice about which documents are acceptable, please contact the Access Team on 03000 259037. Failure to provide these documents will delay the application.
Employee details

National Insurance number: __________________________

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ or other title: __________________________

Surname: __________________________________________

First name(s): ______________________________________

Home address: _______________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Postcode: ________________________________

Date of birth: ___/___/____

Home telephone number: __________________________

Mobile telephone number: __________________________

E-mail address: ____________________________________

Please tick your language preference for communications: ☐ Welsh ☐ English
What is the highest qualification (or equivalent) you hold? Please tick one box only.

1. [ ] No formal qualifications

2. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 1:
   NVQ Level 1 up to 4 O Levels; GCSE grade D–G; CSE grade 2–6 or equivalent; Qualifications and
   Credit Framework (QCF) Level 1; GNVQ Level 1; GSVQ foundation Level 1; BTEC; RSA other; City
   and Guilds Level 1; YT certificate; YTP certificate; Key Skills Qualification 1; O Level D-E; Welsh
   Baccalaureate Foundation; Essential Skills qualification Level 1.

3. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 2:
   Welsh Baccalaureate National; Foundation Apprenticeship Level 2; GNVQ, intermediate Level 2;
   RSA diploma; City and Guilds craft; BTEC Level 2; O Levels A-C; GCSE grade A*–C; QCF Level 2;
   Essential Skills qualification Level 2; CSE grade 1 or equivalent; Advanced Welsh Baccalaureate.

4. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 3:
   International Baccalaureate 1; GNVQ Advanced; A Level; AS Levels or equivalent; RSA advanced
diploma; OND, ONC, QCF Level 3; BTEC; National City and Guilds advanced craft; Access to HE
   qualification 1; Apprenticeship Level 3; Certificate of Higher Education.

5. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 4:
   HNC; Higher Apprenticeship Level 4; HND; QCF Level 4; Intermediate HNC/HND.

6. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 5:
   Foundation Degree; Higher Apprenticeship Level 5; QCF Level 5; Honours Degree.

7. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 6:
   QCF Level 6; Nursing; Higher Apprenticeship Level 6; Professional Certificate in Education; Higher
   Degree e.g. MSc, MA, MBA.

8. [ ] Credit & Qualifications Framework for Wales (CQFW) Level 7-8:
   Industry Qualifications e.g. Chartered Accountants; Higher Apprenticeship Level 7; Higher
   Apprenticeship Level 8; Post Graduate Certificate in Education; QCF Level 7; QCF Level 8, PhD.
Section 2 - Current status

I have been unemployed since [ ]

I am registered as unemployed with Jobcentre Plus and (tick one option below):

1. I am in receipt of benefits
   1. Yes
   2. No

2. I am not in receipt of benefits
   1. Yes
   2. No

3. I am included in my partner’s/spouse’s claim
   1. Yes
   2. No

Which of the following best describes your last job (if applicable)

1. Manager or senior official
2. Professional occupation
3. Associate professional or technical occupation
4. Administrative or secretarial occupation
5. Skilled trades occupation
6. Personal service occupation
7. Sales and customer service occupation
8. Process, plant and machine operatives
9. Elementary occupations (e.g. cleaner, labourer, refuse worker)
10. No previous job
Which of the following best describes the industry/sector of last job (if applicable)

1. Agriculture, forestry and hunting
2. Mining and quarrying
3. Manufacturing
4. Electricity, gas, steam and air conditioning supply
5. Water supply, sewerage, waste management and remediation activities
6. Construction
7. Wholesale and retail trade; repair of motor vehicles and motorcycles
8. Accommodation and food service activities
9. Transportation and storage
10. Information and communication
11. Financial and insurance activities
12. Real estate activities
13. Professional, scientific and technical activities
14. Administrative and support service activities
15. Education
16. Human health and social work activities
17. Arts, entertainment and recreation
18. Other service activities
19. Activities of households as employers; undifferentiated goods and services producing activities of households for own use
20. Activities of extraterritorial organisations and bodies e.g. United Nations
21. Not applicable
Section 3 - Recruit declaration

- I confirm that the details shown in Section 1 and 2 of this application form are correct.
- I confirm that I have not started work for this employer.
- I am aware that you may contact me to discuss any part of this application or any training I have received and I agree to provide any information asked for.
- I confirm that I have read and signed the Privacy Notice on page 9.

Name (BLOCK CAPITALS): __________________________________________

Signature: _________________________________________________________

Date: ____________ ____________ ____________ ____________
Privacy Notice - Recruit

In order for you to receive support from the Welsh Government funded Access programme the Welsh Government is required to collect information from you. All fields are mandatory unless otherwise stated.

All information you provide will be stored and used in accordance with the Data Protection Act 1998. Under the Data Protection Act 1998, you have a right to access the data the Welsh Government holds about you and to correct the information in the future. For further information please e-mail accessprogramme@gov.wales or call 03000 259037. For more detail on the above, please visit http://gov.wales/about/civilservice/how-we-work/facts-figures/privacystatement

This privacy notice sets out how the information will be used and who will have access to it. The information collected will be sent to the Welsh Government and in some instances to parties working on their behalf, including Careers Wales, and used in the following ways:

- To monitor and report on the number of people taking part in projects and the number of people from different groups being supported (e.g. different ages, genders and ethnicities).
- By the Welsh Government and other public bodies, including Careers Wales, to carry out the funding, planning, monitoring and inspection of learning, and to produce statistical publications.
- By approved social research organisations, to carry out research, analysis or equal opportunities monitoring.
- By auditors.
- To link your records to other data sources for the purpose of evaluating the impact the project has had on the people who took part and for other research.

Research organisations will only contact a sample of individuals. If you are contacted to take part in any research/evaluation about your experience on the project the purpose of the interview or survey will be explained to you and you will be given the option to say yes or no to taking part. Your contact details will only be used for approved research purposes and in accordance with the Data Protection Act. The research organisations will delete your contact details once this approved research is complete. By signing this form you are consenting to your information being used in the ways set out above.

The information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment in future. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by contacting Data.ProtectionOfficer@gov.wales

Recruit’s Name
(BLOCK CAPITALS):

Signature:

Date:

ddmmyyyy

www.careerswales.com/skillsgateway 0800 028 4844
www.businesswales.gov.wales/skillsgateway 03000 6 03000

This document is also available in Welsh.
Equal opportunities monitoring

One of the aims of the Welsh Government funded programmes is to promote equal access for all to the education, training and employment opportunities offered through the programmes and to prevent any discrimination on the grounds of gender, disability, ethnic origin, religion or belief, age, sexual orientation and with regard to the bilingual nature of many of the region’s communities.

To ensure that the Access programme is meeting the above commitment, we need to collect some information about you. The information you provide will be processed and managed by the Welsh Government in accordance with its obligations and duties under the Data Protection Act 1998, Freedom of Information Act 2000 and Environmental Information Regulations 2004. From time to time, we engage with external research organisations to evaluate the performance of the programme.

Your answers do not in any way influence the outcome of your application.

Q1  Do you identify as?

1  Male  2  Female  3  Other

Q2  Do you consider yourself to be a disabled person because of barriers which prevent you from participating fully in all areas of life? These barriers can be due to the attitude of others, the physical environment or organisational barriers. Please tick one box only.

1  Yes  2  No  3  Prefer not to say
Q3  Do you have a work limiting health condition (any health condition which has an impact on your ability to work or remain in work)? Please tick one box only.

1  □ Yes  2  □ No  3  □ Prefer not to say

Q4  Do you have any dependent children? Please include child/children aged 0-17 or 18-24 who are not in education or employment.

1  □ Yes  2  □ No

Q5  Do you have any caring responsibilities?

1  □ Yes  2  □ No

If ‘yes’, please tick all statements that apply, from the options below:

1  □ Primary carer for a child or children under 18 years old
2  □ Primary carer for a disabled adult aged 18 or over
3  □ Primary carer for an older person/people aged 65 or over
Q6  What is your ethnic group? Please tick one box only.

This question is optional.

A: White

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<td>1</td>
<td>Welsh / English / Scottish / Northern Irish / British (please circle)</td>
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<td>2</td>
<td>Irish</td>
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<td>3</td>
<td>Gypsy or Irish Traveller</td>
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<td>4</td>
<td>Any other White background, write in below</td>
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B: Mixed / Multiple ethnic groups

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<tr>
<td>5</td>
<td>White and Black Caribbean</td>
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<td>6</td>
<td>White and Black African</td>
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<td>White and Asian</td>
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<td>8</td>
<td>Any other Mixed/Multiple ethnic background, write in below</td>
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C: Asian / Asian British

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<td>Indian</td>
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<td>11</td>
<td>Bangladeshi</td>
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<td>12</td>
<td>Chinese</td>
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<td>13</td>
<td>Any other Asian background, write in below</td>
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D: Black / African / Caribbean / Black British

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<tr>
<td>14</td>
<td>African</td>
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<tr>
<td>15</td>
<td>Caribbean</td>
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<tr>
<td>16</td>
<td>Any other Black/African/Caribbean background, write in below</td>
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E: Other ethnic group

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<tr>
<td>17</td>
<td>Arab</td>
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<td>18</td>
<td>Any other ethnic group, write in below</td>
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F: Prefer not to say

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<tr>
<td>19</td>
<td>Prefer not to say</td>
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</tbody>
</table>
Q7 Are you of European Union or other migrant status? A migrant is classed as a person who has changed their country of residence for a period of at least a year to the UK, but is not a citizen of the UK. Please tick one box only.

1 Yes (from a European Union country)
2 Yes (from a non-European Union country)
3 No
4 Prefer not to say

Q8 Are any of the individuals in your household employed (including self-employed)?

1 Yes 2 No

Q9 Which of the following describes your Welsh language ability? Please tick all boxes which apply.

1 I can understand Welsh
2 I can speak Welsh
3 I can read Welsh
4 I can write Welsh
5 None of the above
Employer Details

This section should be completed by the employer

Do you need help with recruitment and training?

The answer is **Access**.
Access | Section 4 - Employer Details

Please make sure that every section of this form is filled in before it is returned. If any information is missing or incorrect, your application will be delayed. Please initial any mistakes. Do not use correction fluid. We cannot accept photocopies. Printed PDFs are acceptable. If you need help completing this form, contact the Skills Gateway for Adults on 0800 028 4844.

Section 4 - For you as prospective employer to fill in

Mr  Mrs  Miss  Ms  or other title: ________________________________

Surname: ______________________________________________________
First name(s): _________________________________________________
Job title: _____________________________________________________

Company details

Name of business: ______________________________________________
Address: _____________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Postcode: _____________________________________________________

Telephone number: ___________ ___________ ___________ ___________

E-mail address: _________________________________________________
Companies House registration number (if applicable): ______________________________

VAT registration number (if applicable): ______________________________

What is your Standard Industrial Classification (if known) or nature of business:
__________________________________________________________________________

Please tick your language preference for communications:  [ ] Welsh  [ ] English

How many people do you currently employ (full-time equivalent)? ______________________________

Does your organisation have an equality and diversity policy/strategy? Your answer will not affect your organisation’s eligibility for support.

1  [ ] Yes  2  [ ] No
Q1 Is your company part of a group or a subsidiary of a larger business? This information is used for the calculation of de minimis State Aid. Please tick which option applies to your business.

Option 1 – My organisation is totally independent
- My organisation does not participate in any other enterprise and
- No other organisation participates in my enterprise (autonomous enterprise)

Option 2 – My organisation is a partner enterprise
- My organisation holds at least 25% of another organisation and/or
- Another organisation holds at least 25% of my organisation (partner enterprise)

Option 3 – My organisation is a linked enterprise
- My enterprise is part of a group
- My enterprise holds more than 50% of another enterprise and/or
- Another enterprise holds more than 50% of my enterprise (linked enterprise)

Please provide details of the parent company below.

Name of the parent company: ______________________________________________________

Address: _______________________________________________________________________

_______________________________________________________________________________

Postcode: ______________________________________________________________________

Telephone number: ________________________________
Q2 Have you made a request for financial aid to any other source, for example a training association, industry association or any other Welsh Government Department, for the individual in this application? Please tick one box only.

1  Yes (please provide details below)
2  No

Source this request was made to:  

________________________________________________________________________________________________________________________________________

Reason for making this request:  

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________________

Amount requested:  £  

________________________________________________________________________________________________________________________________________
Q3 Has your business (including all partner or linked enterprise) received any de minimis State Aid in the last three fiscal years (i.e. government or European funding) Please tick one box only.

1  [ ] Yes (please provide details below)
2  [ ] No

Name of the organisation that granted the aid: ______________________________________________

Please fill in the amount and the date of the award.

£ ______________________ Awarded on ________________________________

Reason the aid was given:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________

This document is also available in Welsh.
Section 5 - Details of the job you are offering

I confirm that the prospective employee named in this form has the legal right to live and work in the UK.

1  Yes  2  No

Please contact the Skills Gateway for Business on 03000 6 03000 should you require advice about suitable evidence of this legal right.

Title of job: 

Annual salary: £ or hourly rate: £

Number of hours per week: 

Expected start date:  

d d m m y y y y

Q1 How has the job in this application become available? Please tick one box only.

1  Company expansion
2  Previous employee resigned
3  Previous employee retired
4  Previous employee was made redundant
5  Previous employee was dismissed
6  Other (please give details)
Section 6 - Job-related training support

- We will only consider your application for employer training support if you are also applying for employer recruitment support. Please read the guidance notes for more information.

- We will only consider external training delivered by an external training provider.

- Please note that the claim for payment for training cannot be made until the new recruit has been working for at least 26 weeks.

- We will require evidence of time spent on training completed at this stage in the form of attendance records signed by both the training provider and your new recruit.

- A template will be supplied with the Employer Training Support Claim Form.

- Please provide details of the training the person needs in this section on the following pages.

Wherever possible, the training should be at a minimum of CQFW Level 2 (or equivalent). Guidance about qualification levels is at page 28 of this form.
Training activity 1

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:
Qualification expected: _______________________________________________________
Awarding organisation: ______________________________________________________
Number of training hours: _____________________________________________________
Name of external training provider: _____________________________________________
Address: ___________________________________________________________________
Postcode: ___________________________________________________________________
Start date of training: ____________ ____________ ____________ ____________ ____________ ____________ ____________ ____________
End date of training: ____________ ____________ ____________ ____________ ____________ ____________ ____________ ____________
Total cost (excluding VAT): £ ____________________________
Telephone number: ____________________________
E-mail address: ____________________________
Training activity 2

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:

Qualification expected: ____________________________________________

Awarding organisation: ____________________________________________

Number of training hours: __________________________________________

Name of external training provider: __________________________________

Address: _________________________________________________________

Postcode: _________________________________________________________

Start date of training: d m y

End date of training: d m y

Total cost (excluding VAT): £

Telephone number: ________________________________________________

E-mail address: ____________________________________________________
Training activity 3

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:

Qualification expected: ______________________________________________________
Awarding organisation: ____________________________________________________
Number of training hours: ___________________________________________________
Name of external training provider: ___________________________________________
Address: __________________________________________________________________
Postcode: __________________________________________________________________

Start date of training: d m y
End date of training: d m y
Total cost (excluding VAT): £

Telephone number: ____________
E-mail address: __________________________
Training activity 4

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:

Qualification expected: __________________________
Awarding organisation: __________________________
Number of training hours: __________________________

Name of external training provider: __________________________
Address: __________________________
Postcode: __________________________

Start date of training: ___________ ___________ ___________
End date of training: ___________ ___________ ___________
Total cost (excluding VAT): £________________________
Telephone number: __________________________
E-mail address: __________________________
Training activity 5

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:

Qualification expected: ________________________________
Awarding organisation: ________________________________
Number of training hours: ________________________________
Name of external training provider: ________________________________
Address: __________________________________________
Postcode: __________________________________________

Start date of training: __________________________
End date of training: __________________________
Total cost (excluding VAT): £______________________
Telephone number: ______________________________
E-mail address: ___________________________________

www.careerswales.com/skillsgateway
www.businesswales.gov.wales/skillsgateway
This document is also available in Welsh.

www.careerswales.com/skillsgateway 26 0800 028 4844
www.businesswales.gov.wales/skillsgateway 03000 6 03000
Training activity 6

Summary of external training activities/skills involved:

If a qualification is awarded, please give the name, number and level below:

Qualification expected:
Awarding organisation:
Number of training hours:
Name of external training provider:
Address:
Postcode:

Start date of training: __________
End date of training: __________
Total cost (excluding VAT): £

Telephone number: __________
E-mail address: __________
Qualification levels

1 No formal qualifications

2 Credit & Qualifications Framework for Wales (CQFW) Level 1:
NVQ Level 1 up to 4 O Levels; GCSE grade D–G; CSE grade 2–6 or equivalent; Qualifications and Credit Framework (QCF) Level 1; GNVQ Level 1; GSVQ foundation Level 1; BTEC; RSA other; City and Guilds Level 1; YT certificate; YTP certificate; Key Skills Qualification 1; O Level D-E; Welsh Baccalaureate Foundation; Essential Skills qualification Level 1.

3 Credit & Qualifications Framework for Wales (CQFW) Level 2:
Welsh Baccalaureate National; Foundation Apprenticeship Level 2; GNVQ intermediate Level 2; RSA diploma; City and Guilds craft; BTEC Level 2; O Levels A-C; GCSE grade A*– C; QCF Level 2; Essential Skills qualification Level 2; CSE grade 1 or equivalent; Advanced Welsh Baccalaureate.

4 Credit & Qualifications Framework for Wales (CQFW) Level 3:
International Baccalaureate 1; GNVQ Advanced; A Level; AS Levels or equivalent; RSA advanced diploma; OND, ONC, QCF Level 3; BTEC; National City and Guilds advanced craft; Access to HE qualification 1; Apprenticeship Level 3; Certificate of Higher Education.

5 Credit & Qualifications Framework for Wales (CQFW) Level 4:
HNC; Higher Apprenticeship Level 4; HND; QCF Level 4; Intermediate HNC/HND.

6 Credit & Qualifications Framework for Wales (CQFW) Level 5:
Foundation Degree; Higher Apprenticeship Level 5; QCF Level 5; Honours Degree.

7 Credit & Qualifications Framework for Wales (CQFW) Level 6:
QCF Level 6; Nursing; Higher Apprenticeship Level 6; Professional Certificate in Education; Higher Degree e.g. MSc, MA, MBA.

8 Credit & Qualifications Framework or Wales (CQFW) Level 7-8:
Industry Qualifications e.g. Chartered Accountants; Higher Apprenticeship Level 7; Higher Apprenticeship Level 8; Post Graduate Certificate in Education; QCF Level 7; QCF Level 8, PhD.
Section 7 - Employer declaration

- I confirm that the details shown in Sections 4, 5, 6 and 7 of this application form are correct.
- I will repay any award if any information I have provided is not correct.
- I confirm that the prospective employee named in this form has the legal right to live and work in the UK.
- I have read and understood the Access Guidance Notes.
- The employee is not following any other publicly-funded training at the time of recruitment. The employee will not take part in a Welsh Government work-based learning programme while I claim Access funding.
- I have declared all funds applied for or received from other sources in respect of this employment.
- I understand that I cannot claim this funding if the employee starts work before my application is approved.
- I understand that you will only approve this application if funds are available.
- I understand the level of support available depends on rules regarding European State Aid.
- I understand that if I am registered for VAT, work-related training will amount to 50% of the cost net of VAT but will not exceed £1,000.
- I will send evidence of continued employment and wages in the form of my P11 and payslips to claim payment. I understand that payment will be made after 13, 26, 39 and 52 weeks’ employment and that no payment will be made if the employee leaves before these measurement dates are reached.
- I will supply evidence of BACS payment for all costs incurred in each claim period.
- I am aware that you may contact or visit me to discuss any part of this application or funding I have received and I agree to provide any information asked for.
- I have read and understood the conditions of receiving financial support and agree to keep to them and that the information provided by me is correct.
- I confirm that any copy documents submitted with this application form are true copies of the original documents
- I confirm that I have read and signed the Privacy Notice included in this application form.

Name (BLOCK CAPITALS): ____________________________________________

Job title: _________________________________________________________

Signature: _________________________________________________________

Date: ___________________________
Privacy Notice - Employer

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This privacy notice sets out how the information will be used and who will have access to it. The information collected will be sent to the Welsh Government/Welsh European Funding Office and in some instances to parties working on their behalf, including Careers Wales, and used in the following ways:

- To monitor and report on the number of people taking part in projects and the number of people from different groups being supported (e.g. different ages, genders and ethnicities).
- By the Welsh Government and other public bodies, to carry out the funding, planning, monitoring and inspection of learning, and to produce statistical publications.
- By approved social research organisations, to carry out research, analysis or equal opportunities monitoring.
- By auditors.
- To link your records to other data sources for the purpose of evaluating the impact the project has had on the people who took part and for other research.

Research organisations will only contact a sample of individuals. If you are contacted to take part in any research/evaluation about your experience on the project the purpose of the interview or survey will be explained to you and you will be given the option to say yes or no to taking part. Your contact details will only be used for approved research purposes and in accordance with the Data Protection Act. The research organisations will delete your contact details once this approved research is complete. By signing this form you are consenting to your information being used in the ways set out above.

The information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment in future. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by contacting Data.ProtectionOfficer@gov.wales

Employer’s Name
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Date:

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Data input and Eligibility checked by:

Name: ___________________________ Signature: ___________________________

Date: __________ __________ __________

Geographical Area of participant confirmed
Valleys Taskforce Area: ___________________________

ERS grant funding authorised:

Approved: [ ] Not approved: [ ] Amount awarded: £ ___________________________

ETS funding:

Approved: [ ] Not approved: [ ] Amount awarded: £ ___________________________

Name: ___________________________ Signature: ___________________________

Date: __________ __________ __________