

**Supported Employment Incentives Grant**

**Grant Application Form**

|  |
| --- |
| **SECTION 1 – Business Details** |
| 1.1 | Organisation Name: |  |
| 1.2 | Address: |  |
| 1.3 | Postcode: |  |
| 1.4 | Contact Name:  |  |
| 1.5 | Position:  |  |
| 1.6 | Work Contact Number: |  |
| 1.7 | Email: |  |
| 1.8 | Website: |  |
| 1.9 | Date business registered: |  |
| 1.10 | Date business started trading: |  |
| 1.11 | Registered Name (If different from the above): |  |
| 1.12 | Business Description (brief overview of your business activity): |  |
| 1.13 | How did you hear about the grant: |  |
| 1.14 | Legal Status of the business (please tick): [ ]  Limited Company [ ]  Charity [ ]  Sole Trader [ ]  Partnership [ ]  Local Authority [ ]  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.15 | Please provide company / charity or HMRC registered Number: |  |
| 1.16 | Vat No (if applicable): |  |
| 1.17 | Number of Employees: |  |
| 1.18 | Local Authority Business Rates Paid to (please tick): [ ]  Blaby  [ ]  Charnwood  [ ]  Oadby and Wigston  [ ]  Melton  [ ]  Harborough  [ ]  North West Leicestershire  [ ]  Leicester City  [ ]  Hinckley & Bosworth  [ ]  Not Leicestershire | 1.19 | Insurance, Policies and ProceduresPlease tick if the following is in place(Copies to be made available on request): [ ]  Public Liability Insurance (Minimum as appropriate)  [ ]  Employer Liability Insurance (Minimum as appropriate) [ ]  Health and Safety Policy [ ]  Grievance Procedure [ ]  Equal Opportunities Policy |

|  |
| --- |
| **SECTION 2 – Job Details (table to be copied for each separate post)** |
| 2.1 | Job Title: |  |
| 2.2 | Hours (per week): |  |
| 2.3 | Duration (per month): |  |
| 2.4 | Actual Days and Hours to be Worked: |  |
| 2.5 | Start Date: |  |
| 2.6 | Salary Details (National minimum wage rates apply): |  |
| 2.7 | Description of Vacancy for Advertising: |  |
| 2.8 | Type of Vacancy available: |  |
| 2.9 | Please detail what specific skills are required: |  |
| 2.10 | Please detail what potential progression there will be for the individual(s): |  |
| **To be completed for Apprenticeships Only (paid for opportunities only)** |
| 2.11 | Please confirm that apprentice will be receiving National minimum wage.  | Yes [ ]  No [ ]   |
| 2.12 | Name of Apprenticeship Training Provider: |  |
| 2.13 | Contact Name of Provider: |  |
| 2.14 | Contact Email of Provider: |  |
| 2.15 | Contact Tel No. of Provider: |  |

|  |
| --- |
| **SECTION 3– New Employee Details (table to be completed for each employee)**  |
| 3.1 | Forename: |  |
| 3.2 | Surname: |  |
| 3.3 | Address: |  |
| 3.4 | Postcode: | [ ]  |
| 3.5 | Date of Birth: |  |
| 3.6 | Sex: | Female [ ]  Male [ ]  |
| 3.7 | Job Title: |  |
| 3.8 | Individual being employed: |  [ ]  Is Autistic [ ]  Has a Learning Disability [ ]  Is Autistic and has a Learning Disability  |
| 3.9 | National Insurance Number: |  |
| 3.10 | Start date of employment: |  |
| 3.11 | Salary Details (National minimum wage rates apply): |  |

|  |
| --- |
| **SECTION 6 – Data Protection** |
| **Data Protection Act (1998) & the General Data Protection Regulation (2018)** In order for us to help you with your enquiry we will need to record personal and sensitive data. To comply with the Data Protection Act (1998) and the General Data Protection Regulation (2018), we must tell you how we use this data and ask for your permission. By signing this form you are providing your permission for us to process your data for the purposes below. **Permission to store your data** We are required by law to ask for your permission to record your personal and sensitive data. Your data will be collected by Leicester City Council (LCC) as part of the Supported Employment Project and stored in an electronic management system / local database accessed by LCC. Paper copies of your data may also be stored securely by LCC. For quality management purposes, these files may be accessed by an external agency for audit. **Yes** - I give my consent to LCC to record sensitive personal information about me and for these records to be audited by an external agency for quality management purposes. [ ] **No** - I do not give my consent to LCC recording sensitive personal information about me. [ ] **Permission to share your data with other Supported Employment partners.** Everything you tell us will be treated confidentially, however we may suggest we refer you to another organisation that are able to provide a relevant service to you. We are able to refer you to them and help get you an appointment where appropriate. Ideally, we would also give them the information you have given us. If you give consent below, you are agreeing that LCC may: • refer you to other Supported Employment partners:• make appointments with other Supported Employment partners:• share your personal information with other Supported Employment partners so that they have initial information about you and your enquiry. **Yes** - I give my consent to LCC sharing my personal information with other Supported Employment partners for the purposes of efficient appointments and referrals to help me. [ ] **No -** I do not give my consent to LCC to share my personal information with other Supported Employment partners for the purposes of efficient appointments and referrals to help me. [ ] ***Please note that Supported Employment will be required to report the numbers of people supported and the amount of funding awarded and paid to each recipient company to relevant City Council Committees, the full Council and partners of Supported Employment as necessary. This information may also be subject to freedom of information requests.*** |

|  |
| --- |
| **SECTION 7 – Employer Declaration:** |
|  **By signing this declaration, I confirm that:**to the best of my knowledge, the information provided in this document is correct and given in good faith * I understand that failure to meet the eligibility requirements would result in this company being ineligible to receive the Supported Employment Grant.
* I agree that in addition to the Council’s returns to the Department of Work and Pensions (DWP) the Council may share information provided on this document with other statutory bodies including, but not limited to Job Centre Plus and British Association of Supported Employment (BASE) for the purposes of research and evaluation.
* I may be approached by the Council or one of its Associates to seek my views on a particular issue relating to research being undertaken with respect to the sector my business operates in.
* I may be invited to participate in a workshop and understand that participation in such a workshop is entirely voluntary.
* The Council or its Associates may quote me or refer to my company in publications but only with my express permission.
 |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

**Applications to be completed with Supported Employment Job Coach.**