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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Community Training Initial Training Proposal - CTC** | | | | | | | | | | | | | | | | | |
| **This proposal must be completed in advance of application for new projects.** | | | | | | | | | | | | | | | | | |
| **Programme Type** | | | | | | | | **Project Status** | | | | | | | **Project Code/Provider Code (for renewal projects)** | | |
|  | **CTC** | | | | **STP** | | | **New** | | | **Renewal** | | | |
|  |  | | | |  | | |  | | | | | | |  | | |
| **Second Provider Name:** | | | | | | |  | | | | | | | | | | |
| **SECOND PROVIDER CONTACT DETAILS** | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | |
| **Telephone** | | |  | | | | | | | | | | **Fax Number** | | |  | |
| **E-mail address:** | | | |  | | | | | | | | | | | | | |
| **Second Provider Chairperson/Secretary Name** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Chairperson/Secretary Contact Details (**if different to above**)** | | | | | | | | | | | | | | | | | |
| **Telephone** | | | | | | **Fax** | | | | | | **e-mail** | | | | | |
|  | | | | | |  | | | | | |  | | | | | |
| **PROPOSED PROJECT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Project duration in weeks:** | | | | | | | |  | | | | | **Proposed learner numbers** | | | |  |
| **Proposed Project Location** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Signed on behalf of Second Provider Organisation for CTC** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  | | | | | |
| **Chairperson** | | | | | | | | | **or** | **Secretary** | | | | | | | |
| **Date:** | |  | | | | | | |  | | | **Date:** | |  | | | |
|  | |  | | | | | | |  | | |  | |  | | | |
| **Signed on behalf of Second Provider Organisation for STP** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | |  | |  | | | |
| **General / Regional Manager** | | | | | | | | | **or** | | | **Manager/Area Manager** | | | | | |
| **Date:** | |  | | | | | | |  | | | **Date:** | |  | | | |
|  | |  | | | | | | |  | | |  | |  | | | |

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| **SECTION 1 – PROFILE DATA** | |
| **1.1** | **Profile the intended target learner group for this project:** |
| 1.1.a | **Geographic catchment area involved:** |
|  |
| 1.1.b | **Age Group** |
| *Aged between 16-21 years* |
| 1.1.c | **Gender:** |
|  |
| 1.1.d | **Employment status:** |
|  |
| 1.1.e | **Level of Education:** |
| *High Priority Group*   * The high priority client group for CTCs is early school leavers who have less than 5 Ds in the Junior Certificate;   *Medium Priority Group*   * The medium priority client group for CTCs is early school leavers who have less than 5Ds in the Leaving Certificate. |
| 1.1.f | **DSP status:** |
|  |
| **1.2** | **Relative to the geographic catchment area, state the estimated number of learners:** |
| 1.2.a | **That meet the target group profile for this project** |
|  |
| 1.2.b | **That are likely to have demand for this project** |
|  |
| **1.3** | **Provide a brief demographic profile of the geographic catchment area to include:** |
| 1.3.a | **Population:** |
|  |
| 1.3.b | **Unemployment rate:** |
|  |
| 1.3.c | **Employment Opportunities:** |
|  |
| 1.3.d | **Issues with regard to disadvantage:** |
|  |
| **1.4** | **Outline details of other similar training/education provision within the catchment area for the intended target learner :** |
|  |

|  |  |
| --- | --- |
| **SECTION 2 – PROJECT OVERVIEW AND OUTCOMES** | |
| **2.1** | **Outline the expected benefits in terms of education, training and employment to the target learner arising from their participation on the project:** |
|  |
| **2.2** | **Outline the training opportunities your organisation can provide for the target learner group:** |
|  |
| **2.3** | **Outline the potential labour market employment opportunities you have identified for the target learner group as a result of their participation on the project:** |
|  |
| **2.4** | **Outline where applicable the internal work experience your organisation can facilitate:** |
|  |
| **2.5** | **Outline the external work experience your organisation can facilitate:** |
|  |
| **2.6** | **State how your organisation can support the target learner group to gain qualifications within the National Framework of Qualifications (QQI):** |
|  |
| **2.7** | **Outline how the award gained by the learner(s) will facilitate their progression within the context of the National Framework Qualifications:** |
|  |

|  |  |
| --- | --- |
| **SECTION 3 – PROJECT NEED IDENTIFICATION** | |
| **3.1** | **Outline how the need for the ETB funded project was identified and state what evidence exists to support this need e.g. local consultation, surveys, publications, etc. \* see note below** |
|  |
| **3.2** | **State the extent to which this proposal complements/competes with similar education/training provision in the catchment area as outlined in section 1.5** |
|  |
|  |  |
| **Note** | **Please attach copies of any relevant reports, surveys etc, used as basis for the information provided in this proposal.** |

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| **ETB Use Only** | | | | | | | | |
| **Sighted:** |  | | | |  | | | |
|  | **ETB Officer** | | | | **Date** | | | |
|  | | | | | | | | |
| **Initial Proposal for Training:** | | | **Approved** | **❑** | | | **Not Approved** | **❑** |
| **Signed:** |  | | | |  | | | |
|  | **ETB Manager** | | | | **Date** | | | |
|  | | | | | | | | |
| **Comment regarding decision outcome in bullet point format:** |  | | | | | | | |
| **Proposer notified of decision outcome** | | By: | | | | Date: | | |