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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:**  |
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| 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.
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| 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:** |
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| **1.4** | **Outline details of other similar training/education provision within the catchment area for the intended target learner :** |
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| **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:** |
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| **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** |
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| **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: |