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| **LOCAL TRAINING INITIATIVE**  **APPLICATION / RENEWAL** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Application Status** | | | | | **If renewal, state renewal date** | | | **If new, proposed start date** | | | | **Project Code** | |
| **New** | **Renewal** | | | |
|  |  | | | |  | | |  | | | |  | |
| **Project Name:** | | |  | | | | | | | | | | |
| **Legal Entity Name:** | | | | | | |  | | | | | | |
| **Legal Entity Address** | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | Please Tick |
| Co Ltd by Guarantee. | |  |
| Friendly Society | |  |
| Industrial & Provident Society | |  |
| Other. | |  |
| If Other please specify: | | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | | | | | **Fax No:** |  | |
| **E-mail address:** | | | |  | | | | | | | | | |
| **Chairperson/Secretary Contact Details** (if different to above) | | | | | | | | | | | | | |
| **Telephone** | | | | | | **Fax** | | | | **e-mail** | | | |
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| **Nominated Person on the Management Committee of the Legal Entity who will liaise with the ETB** | | | | | | | | | | | | | |
| **Telephone** | | | | | | **Fax** | | | | **e-mail** | | | |
|  | | | | | |  | | | |  | | | |
| **Course Duration in Weeks**  (Excluding breaks between courses) | | | | | | | | | **Proposed Learner Numbers** | | | | |
| **Proposed Coordinator Numbers** | | | | | | | | | **Proposed Assistant Coordinator Numbers** | | | | |
| **Proposed Project Address** | | | | | | | | | | | | | |
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| **Signed on behalf of Second Provider**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co Registration No.\_\_\_\_\_\_\_\_\_\_\_  Authorised Signatory of Legal Entity  Position with Legal Entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |

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| **SECTION 1 – PROFILE DATA** | |
| **1.1** | **Provide a brief overview of the target learner profile to include:** |
| 1.1.a | **Geographic catchment area involved:** |
|  |
| 1.1.b | **Age Group** |
| *Primarily 16 to 35* |
| 1.1.c | **Employment status:** |
| Be experiencing barriers accessing the labour market, mainstream training or education programmes |
| 1.1.d | **Level of Education:** |
| With no formal education or incomplete secondary education |
| 1.1.e | **DSP status:** |
| Priority is given to persons that have been on the live register for longer periods of time, especially those on it over a year. |
| 1.1. f | **Types of disadvantage:** |
| With reference to the Operating Guidelines, identify the target learner profile and types of disadvantage the project will address in terms of personal, social, geographical and economic disadvantage |
| **1.2** | **Do your applicants meet the target profile?** |
| **Y/N** |
| **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:** |
|  |
| **1.4** | **Outline details of other similar training/education provision within the catchment area for the intended target learner group:** |
|  |
| **SECTION 2 – PROJECT OVERVIEW AND OUTCOMES** | |
| **2.1** | **Outline the expected benefits in terms of education, training and employment to the target learners 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 where applicable the internal work experience your organisation can facilitate:** |
|  |
| **2.4** | **Outline the external work experience your organisation can facilitate:** |
|  |
| **2.5** | **Outline the potential labour market employment opportunities you have identified for the target learners as a result of their participation on the project:** |
|  |
| **2.6** | **State how your organisation can support the target group to gain qualifications within the National Framework of Qualification (NFQ):** |
|  |
| **2.7** | **Will the award gained by the learner(s) facilitate their progression within the context of the National Framework Qualifications:** |
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| **SECTION 3 – PROJECT NEED IDENTIFICATION**  **Only to be completed by New Projects** | |
| **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** |
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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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| **SECTION 4 – TRAINING LOCATION** | | | | |
| 4.1 a | | 4.1 b | 4.1 c | |
| **Are the premises wheelchair accessible?**  **Yes/No** | **Are there parking facilities for learners?**  **Yes/No** | | | **Are there canteen facilities for learners?**  **Yes/No** |
|  |  | | |  |
| **4.2 Outline any additional resources available to learners on this project:** | | | | |

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| **SECTION 5 – PROGRAMME CONTENT/ACCREDITATION** | | |
| **5.1 What Major QQI Award(s) are you targeting?** | | |
| **Title of Major Award** | **Major Award Code** | **Level** |
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| **5.2 What Minor QQI Award(s) are you proposing to deliver?** | | |
| **Title of Minor Award** | **Minor Award Code** | **Level** |
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| **5.2 Are you proposing to deliver any non QQI Award(s)? (include as appropriate)** | | |
| **Title of Award** | **Award Code** | **Level** |
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| **SECTION 6 – TRAINER QUALIFICATIONS AND EXPERIENCE** | | | | | |
| **State the name of each identified Coordinator, Assistant Coordinator and trainer(s) (including external trainers), the modules they will deliver, the awarding body and details of relevant qualifications and training experience.**  ***As outlined in the Training Criteria for External Trainers TQAS-8b-F17*** | | | | | |
| **Trainer Name** | **Module Title** | **Minor Award**  **Code** | **Awarding Body** | **Technical Qualifications** | **Pedagogical Qualifications/Experience** |
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**This form should be updated throughout the year if any changes are made, including replacement of trainers and/or recruitment of new trainers**

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| **SECTION 7 – OTHER RESOURCES NEEDED TO DELIVER PROGRAMME** | | | | | |
| **Please state the resources needed to deliver each module and the resources being provided by the Second Provider, including buildings, machinery, equipment, hardware and software etc. Please list any additional resources not being provided by the Second Provider that would be needed to deliver this programme.** | | | | | |
| **Module Title** | **Minor Award**  **Code** | **Resources used for this Module** | **Resources provided by the Second Provider** | **Resources needed** | **Estimated**  **Cost** |
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| **SECTION 8 – ADDITIONAL SUPPORTS** | |
| **8.1** | **Outline the additional supports your organisation/staff will provide to assist learners during training (e.g. literacy/numeracy/psychological supports):** |
| **8.2** | **Outline the additional supports your organisation/staff will provide for learners who do not progress into employment or further training/education:** |
|  |

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| **SECTION 9 – ADDITIONAL INFORMATION** | |
| **9.1** | **Is there any additional information or comment you wish to include:** |
|  |

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| **SECTION 10 – FOR COMPLETION BY RENEWAL APPLICANTS ONLY** | |
| **10.1** | **Comment on the programme outcomes as reported in LTI Review Form** |
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| **SECTION 11 - LEGAL ENTITY DETAILS** | | | | | |
| **Date Founded** | | **Legal Status** | | **Reg. No. If Applicable** | |
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| **Board of Directors** | | | | | |
| **Name** | **Position on Board** | | **Contact No** | | **Authorised Signatories**  **Yes/No** |
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| **Nature of Business** | | | | | |
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| **SECTION 12 – PLACEMENT,PROGRESSION AND CERTIFICATION TARGETS**  **(as agreed with ETB )** | | |
| **Placement** | **Progression** | **Certification** |
| % | % | % |

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| **SECTION 13 – LTI OPERATIONAL ARRANGEMENTS** | | | | | | |
| **Number of hours learners attend training each week** (excluding lunch breaks) | | | | | |  |
| **Number of hours Coordinator(s) work each week** (excluding lunch breaks) | | | | | |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | |
| **Learner start time** |  |  |  |  |  | |
| **Lunch break duration** |  |  |  |  |  | |
| **Learner finish time** |  |  |  |  |  | |
| **Assistant Coordinator/ Coordinator(s) start time** |  |  |  |  |  | |
| **Assistant Coordinator/ Coordinator(s) finish time** |  |  |  |  |  | |
| **Comments** (provide details as appropriate)**:** | | | | | | |

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| **SECTION 14 – BREAKDOWN OF LEARNER TIME** | |
| **For the entire course duration detail the number of days learners spend on the following:** | |
|  | **Number of Days** |
| **Classroom based training leading to certification** |  |
| **Non classroom based training delivered by the project leading to certification** |  |
| **Internal project based work experience leading to certification** |  |
| **External work experience leading to certification** |  |
| **Other project related activities** |  |
| **Comments** (provide details as appropriate)**:** | |

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| **SECTION 15 – ESTIMATED COSTS FOR THE RUNNING OF THE LTI** | | |
|  | Cost Code | Costs |
| **Core Staff Costs** | | |
| Co-ordinator | 4141 |  |
| Assistant Co-ordinator | 4140 |  |
| Employer PRSI Co-ordinator | 4141 |  |
| Employer PRSI Assistant Co-ordinator | 4140 |  |
| Subtotal Core Staff Costs | |  |
| **Rent** | | |
| Rent (Unrelated body) | 3561 |  |
| or |  |  |
| Rent (Related Body) | 3561 |  |
| Subtotal Rent | |  |
| **Running Costs** | | |
| Non Core Gross Staff costs (Including Employer PRSI) | 4151 |  |
| Course Materials | 3580 |  |
|  |  |  |
| **Other Running Costs** | | |
| Office Administration | 4152 |  |
| Travel and Subsistence | 4152 |  |
| Staff Development (Core and Non-core) | 4152 |  |
| Rates | 4152 |  |
| Heat Light and Power | 4152 |  |
| Post and Telephone | 4152 |  |
| Printing and Stationery | 4152 |  |
| Tools and Protective Clothing | 4152 |  |
| Insurance | 4152 |  |
| Equipment Non Capital (<€1,000 any one item) | 4152 |  |
| Repairs and Maintenance (<€1,000 any one item) | 4152 |  |
| Sundries (Attach Details) | 4152 |  |
| Subtotal Running Costs | |  |
| **Special Inputs** | | |
| Special Inputs (Attach Details) | 4155 |  |
| Literacy and Numeracy | 4155 |  |
| Customised Training | 4155 |  |
| Subtotal Special Inputs | |  |
| **Other Costs** | | |
| Audit Fee | 3310 |  |
| Legal Expenses | 3481 |  |
| Advertising | 3300 |  |
| Capital - Buildings | 4153 |  |
| Repairs and Maintenance (>€1,000 any one item) | 4153 |  |
| Capital Equipment (>€1,000 any one item) | 4154 |  |
| Certification Costs | 3570 |  |
| Sub Total Other Costs | |  |
| Income (Attach Details) |  |  |
|  |  |  |
| **TOTAL (Net of Income)** | |  |

**Please ensure all relevant documentation as outlined below is included with your application.**

|  |  |  |
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| **Supporting documents to be included with your application: (Please tick ✓)** | | |
| Please make sure you have included all the required documentation before you return your application. Applications not fully completed will be returned. | Tick Box | For ETB Use Only |
| Copy of Certificate of Incorporation or other evidence required. |  |  |
| Print out of current legal entity status e.g. Company Registration (CRO) |  |  |
| Copy of Current Tax Clearance Certificate |  |  |
| Bank Authorisation Form (form available on the ETB LTI website) |  |  |
| Draft Local Training Specification |  |  |
| Approved Third Party Programme Specification if applicable |  |  |
| Copy of Insurance Policy |  |  |
| Copy of Health and Safety Policy Statement |  |  |
| Copy of Health and Safety Inspection Report |  |  |

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| **ETB Use Only** | | | | | | | |
| **Sighted:** |  | | |  | | | |
|  | **ETB Officer** | | | **Date** | | | |
|  | | | | | | | |
| **Application for Project :** | | **Approved** | **❑** | | | **Not Approved** | **❑** |
| **Signed:** |  | | |  | | | |
|  | **ETB Manager/Assistant Manager** | | | **Date** | | | |
|  | | | | | | | |
| **Comment regarding decision outcome in bullet point format:** |  | | | | | | |
| **Proposer notified of decision outcome** | **By:** | | | | **Date:** | | |