Skills Development Scotland

Employability Fund
Eligibility confirmation

To be completed by EF Referring Organisation and the individual
Print and sign completed document for SDS audit purposes

The Skills Development Scotland Co Ltd (SDS) works in partnership with Local Authorities, SDS Contracted Training Providers, Colleges and the Department for Work and Pensions (DWP) to deliver the Employability Fund.

Section 1
Employability Fund referring organisation details

☐ SDS

☐ DWP

☐ EF training provider

☐ Local Authority department

☐ College

Organisation .....
Address .....
.....
.....
Phone number .....
Email .....

Section 2
Individual details

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐
Surname .....
First name .....
Address .....
.....
Town .....
Postcode .....
Phone number .....
Email address .....
.....
Date of birth .....
N.I number .....

Local SDS office (if known) .....
SDS CSS number (if known) .....

Local Jobcentre (if known) .....

In receipt of benefit Yes ☐ No ☐
If Yes, please specify type of benefit .....

Previous participation in the Employability Fund
Yes ☐ No ☐ Don't know ☐

If yes please provide details
For each previous experience on the EF, please specify the following, if known: EF Stage, EF Provider, dates of participation, qualifications achieved, work experience gained.

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Section 3
Eligibility criteria

EF Providers can check if a young person is case managed by SDS by contacting their local SDS Centre.

Eligible Groups	EF Stage	Confirming Organisation
☐ An individual who is 17 or under who has reached their statutory school leaving date, is not in education, employment or training and case managed by SDS	2 3, 4	SDS SDS, EF Training Provider, College or LA
☐ An individual who is 17 or under who has reached their statutory school leaving date, is not in education, employment or training and not case managed by SDS	2, 3, 4	SDS, EF Training Provider, College or LA
☐ An individual who is 18 and over, not in education, employment or training and not in receipt of benefit	2, 3, 4	SDS, EF Training Provider, College or LA
☐ An individual of any age who is under threat of redundancy and within the 13 weeks immediately prior to their notified date of redundancy	2, 3, 4	SDS
☐ An individual who is 18 or over, in receipt of benefit, unemployed for 13 weeks or more and not participating on the Work Programme	2, 3, 4	DWP
☐ An individual who is 18 or over, in receipt of benefit, unemployed for less than 13 weeks, not participating on the Work Programme, and falls into one of the following categories:	2, 3, 4	DWP

- ☐ Left school in the previous 52 weeks
- ☐ Lone parents
- ☐ Sector based work academies
- ☐ Redundant worker
- ☐ Care experienced
- ☐ Indirect benefit recipient
- ☐ Disabled person
- ☐ Refugees
- ☐ SIMD
- ☐ Ex offenders
- ☐ Returner to the labour market
- ☐ Progressing to a higher stage of the EF

Section 4
Individual Skills

Guidance for EF referring organisations on the completion of the Eligibility Confirmation document is available on Provider Central.

Core Skill (to be completed for all referrals to Stage 2 and 3)	Identified SCQF Level of operation	Comments
Communication (oral and written)	SCQF Level ☐ Unable to identify	
Numeracy (using graphical information and using numbers)	SCQF Level ☐ Unable to identify	
ICT (accessing information and providing and creating information)	SCQF Level ☐ Unable to identify	
Problem solving	SCQF Level ☐ Unable to identify	
Working with others (working co-operatively with others and reviewing co-operative contribution)	SCQF Level ☐ Unable to identify	

Other skills and experience relevant to the referral (to be completed for all referrals to Stage 2, 3 and 4)

Please specify
e.g. other qualifications, work experience, personal achievements

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Section 5
Individual needs from the Employability Fund

Guidance for EF referring organisations on the completion of the Eligibility Confirmation document is available on Provider Central.

Please supply a summary of the needs of the individual that the Employability fund should address including a justification for the most appropriate Stage of entry to the Employability Fund. E.g. personal development needs (Stage 2 and 3), career management skill needs, work experience, vocational training, industry recognised qualification, pre-employment training, any health issues or personal circumstances which may impact on employability, any additional support needs.

Recommendations for inclusion in the EF provision (please tick all that are recommended)

Core Skills for Stage 2 or 3	Personal Development for Stage 2 or 3	Career Management Skills for all Stages
☐ Communication	☐ Motivation	☐ Work readiness skills and attributes
☐ Numeracy	☐ Confidence building	☐ CV Building
☐ ICT	☐ Organisation skills	☐ Job seeking skills
☐ Problem Solving	☐ Personal finance	
☐ Working with others		

Work Experience for all Stages (as defined in appendix 4 of the EF Activity Rules)	Vocational for Stage 3	Vocational for Stage 4
☐ Placement	☐ Certificated vocational training	☐ Industry recognised qualification
☐ Job experience		☐ Sector based work academy
☐ Realistic working environment		
☐ Work taster		
☐ Work shadowing		
☐ Volunteering		

Other recommendations for inclusion in the EF Individual Training Plan

Section 6
Agreed suitable EF provision

Employability aim/Job goal .....

Support required to achieve the employability aim/job goal?

☐ Stage 2

☐ Stage 3

If vocational training, please specify industry sector

.....

☐ Stage 4

Please specify course/vocational area .....

EF training provider name .....

.....

Contact name .....

.....

EF training provider address (if more than one site) .....

.....

.....

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Section 7
Confirmation of eligibility and suitability

This must be completed, signed and dated by the appropriate organisation, as detailed in Section 3, within the 28 days prior to starting on the Employability Fund.

I confirm that the individual is eligible for the EF (as detailed in Section 3) and the EF provision detailed in Section 6 is suitable to address the needs of the individual detailed in Section 5.

Name of referring organisation .....

Print name (in capitals) .....

Contact details for any data protection enquiries .....

Date .....

Signature of referring organisation .....

Email address .....

Section 8
Personal data acknowledgement and declaration

This must be signed and dated prior to any information being shared with regard to the individual and within the 28 days prior to starting on the Employability Fund.

Privacy Notice

The referring organisation identified in section 7 of this form is the organisation referring you to the Employability Fund. That organisation has used personal information it holds about you to complete this form with you. The personal information it holds about you will require to be processed by the organisation in accordance with the privacy notice it made available when it collected your personal data. To the extent that the organisation did not include the following information in its privacy notice, by signing this form, you acknowledge that your personal information contained in this form may be used as follows:

The referring organisation may:
- retain this completed form (if it intends to be your Employability Fund training provider)
- submit it to another Employability Fund training provider selected directly by the referring organisation.

The information used in this completed form will be processed for the purposes of establishing your eligibility for Employability Fund training, and selecting an appropriate training provider for you.

The above processing of your information is fair and lawful because the intended processing is one or more of the following:
- necessary for the referring organisation to comply with its legal obligations
- necessary for reasons of the public interest, or where the information is 'special category' information (e.g. it relates to your health), it is necessary for reasons of substantial public interest.

The referring organisation is the Data Controller in relation to your personal data contained in this form. Should you wish more detail about the information it holds about you, you can contact the organisation using the contact details contained in section 7.

The organisations that receive this form, may require to use your personal information for other additional purposes, and these organisations will provide information to you about that at that time. We recommend you review any privacy notice issued by any of these organisations in relation to their respective uses of your personal information.

Participant's Acknowledgement and Confirmation

By agreeing to participate in the Programme, I confirm that I have read and understand the contents of the Privacy Notice above and this Acknowledgement and Declaration and hereby:
(a) acknowledge that my personal information contained in this form may be passed to the bodies referred to in the Privacy Notice above and used in the manner identified in the Privacy Notice above: and
(b) confirm that the details entered in this form are correct.

Signature of participant .....

Date .....

Section 9
Feedback

Once the outcome of the referral is known, a completed copy of this section must be returned to the EF referring organisation, as detailed in Section 1, within 7 calendar days.

Summary of referral

EF Referring organisation in Section 1 .....

Contact name in Section 7 .....

Individual name in Section 2 .....

N.I. Number in Section 2 .....

EF Training Provider in Section 6 .....

Result of referral

☐ Did not attend ☐ Not suitable ☐ No longer interested Agreed start date (please specify) .....

* For all DWP referrals who have been offered a start date, the EF Provider must arrange a pre-entry interview with the individual's local Jobcentre to assess and confirm any entitlement to a DWP Training Allowance or Training Credits. For individuals aged 19 and over and not in receipt of benefit who have been offered a start date on the EF, the EF Provider shall encourage the Participant to attend a pre-entry interview with the Participant's local Jobcentre to discuss any underlying entitlements to a DWP Training Allowance. (Not every Participant will have an entitlement). The pre-entry interview must be conducted prior to commencement of the EF Activity.

If a start date has been agreed please answer the following questions to assist DWP to assess and confirm any entitlement to a Training Allowance:

Is the Employability Fund provision expected to last 2 weeks or less Yes ☐ No ☐

Is the Employability Fund provision a sector based work academy Yes ☐ No ☐

Has a pre-entry interview with DWP been arranged?* Yes ☐ No ☐

Comment

Signature of Employability Fund Provider .....

Print Name (in capitals) ..... Date .....

If the individual does not start on the agreed start date please notify the EF Referring Organisation to initiate any follow up procedures.