

PARENTAL LONG TERM UNEMPLOYED JOB CREATION SCHEME – 2023 / 2024 APPLICATION FORM

Please return completed application form to employmentsupportteam@aberdeenshire.gov.uk

Information for the Employer

The information you give us on this form will be used to process your application. It may also be passed to other bodies concerned with the operation, monitoring and evaluation of this funding and/or with the provision of advice to you and/or monitoring of the employees progress. The reasons in which we retain and share your business information are legally justified under the General Data Protection Regulation. For further information on this, please refer to the Aberdeenshire Council GDPR Record of Processing.

Section 1 - Employer Information			
Name of Employer			
Contact Name			
Address			
Postcode			
Telephone Number		Mobile Number	
E-Mail Address			
Number of Employees in Scotland			
VAT Registration Number			
Company Registration Number (if applicable)			
Has the Company received any <i>de minimis</i> State Aid in the last 3 years			
For further details on State Aid please refer to link below: - http://www.gov.scot/Topics/Government/Finance/spfm/stateaidrules			
If so, how much?			
How many posts are you applying for? (please list Job Titles and Locations and complete a job description template for each role)			

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Are you receiving any other funding for these posts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details of funding	

ELIGIBILITY REQUIREMENTS	
Please answer yes or no to the answers below in the box to the left of the statement	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer has received previous public funds for participants
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer is receiving additional public funds for this post
Yes <input type="checkbox"/> No <input type="checkbox"/>	Job offers minimum of 16 hours per week and is expected to last 26 weeks or more
Yes <input type="checkbox"/> No <input type="checkbox"/>	A contract of employment will be made available within the first 8 weeks of employment (note – the contract needs to be permanent or fixed term for at least 52 weeks)
Yes <input type="checkbox"/> No <input type="checkbox"/>	You will ensure that the participant receives formal training as part of their job and as part of your investment in workforce development
Yes <input type="checkbox"/> No <input type="checkbox"/>	Living Wage Rate will be paid
Yes <input type="checkbox"/> No <input type="checkbox"/>	Ensure a safe and healthy working environment
Yes <input type="checkbox"/> No <input type="checkbox"/>	You have, or you will obtain Employers Liability Insurance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Your organisation has an equal opportunities policy
Yes <input type="checkbox"/> No <input type="checkbox"/>	You agree to participate in quarterly review meetings with your employee and our team

Yes <input type="checkbox"/> No <input type="checkbox"/>	You will make a commitment to retain the participant beyond the period of the support
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Section 3 – Application Assessment

Please answer the below questions. Your application will be scored based on the answers provided so please give as much detail as possible

Please outline why you have applied for funding; including usage, approx costs and intended timescales.

Economic Benefits – How does the job benefit the economy? How will a new job benefit the growth of your company as well as the local area?

Sector potential for growth – What is the predicted growth of the sector over the next few years? Will there be increased demand, plans to export your service etc?

Employability Benefits – How will recruiting the employee benefit **them**? What training will they be provided with and will the skills learned be transferrable?

Contract – Funding is based on Living Wage for 30 hours per week for 26 weeks, but role can be flexible with less hours per week over a longer period. Can you outline the expected hours and duration of positions.

Salary – Please state the hourly rate you intend to pay the employee. **Please note: applications will not be approved without this information.**

Hourly rate of pay - £_____.

Section 4 – Your agreement with us

Before agreeing to participate and signing below, please take your time to read this section carefully. This sets out the reasons why we require your business information, how long we will store it for and who we are required to share it with.

It is necessary for information relating to training, eligibility and subsequent destinations of Participants (“Relevant Information”) to be passed to the Scottish Government to monitor, audit and evaluate Job Creation Scheme. Evaluation may include requesting both employees and participating individuals to complete any questionnaire issued by or on behalf of Scottish Ministers. This is so we know that public money is being spent appropriately, and that we are providing the best possible support to those who need it. Any results to surveys or questionnaires will be anonymous, and will be to help us improve the service we offer.

In addition, for the purposes of monitoring Local Authority Compliance and quality assurance and to assist with policy development, the Scottish Government may wish to contact both employers and participants by post, e-mail or telephone or meet directly to discuss the support, training and outcomes facilitated under the Incentive.

By agreeing to participate in Aberdeenshire Council Parental Long Term Unemployed Job Creation Scheme, I confirm that I have read and understand the contents of this section and hereby acknowledge and understand -

- (a) That the employer information I have entered into this form, and the answers to the questions above, are required to be passed to public authorities concerned with economic and/or skills development (including Scottish Ministers, the European Commission and/or government departments). We only pass your information to other organisations when it is prescribed under law, or when it is necessary for us to do so in carrying out our role as the administrators of the funding.
- (b) That public authorities listed above, may contact me either directly or through duly authorised agents to assist them in the monitoring, audit and/or evaluation of Long Term Unemployed Scheme and the assessment of the impact of Parental Long Term Unemployed Job Creation Scheme funding.
- (c) That I undertake to co-operate fully with Aberdeenshire Council and/or Scottish Government in response to any reasonable request for information concerning my organisations participation in Job Creation Scheme funding, to enable monitoring of Local Authority compliance and quality assurance and to assist with policy development.

Employer Signature		Date	
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Official Use Only	
Application approved	<input type="checkbox"/> Yes <input type="checkbox"/> No (provide reason)
Signed	
Date	
Job Title	