



APPRENTICESHIP SCHEME - APPLICATION FORM

Please read the relevant Guidelines and Scheme Proposal before completing this form. You can handwrite or type this form. Please return it to your local contact (on page 4), who will be supporting the application. All relevant sections must be completed, if extra space is required, a separate A4 document may be attached. **Please remembering to enclose copies of the documents detailed at the end of the form.**

| Section 1: Your details | | | |
|--|--|----------------------|--|
| Main contact name: | | | |
| Business name: | | | |
| Website | | | |
| Email address | | | |
| Contact Phone numbers | Daytime | Alternative | |
| Business address (including postcode) | | | |
| Section 2: Your Apprenticeship | | | |
| Apprenticeship framework to be followed? | | | |
| What qualification will the apprentice obtain? | | | |
| Expected start date | | Expected finish date | |
| Who is the train provider? | | | |
| Has a place been confirmed by the provider? | | | |
| Will they go to college or be assessed in the workplace? | | | |
| Have you already recruited an apprentice? | Yes/No (If 'Yes' please complete Section 3. If 'No' please progress to Section 4) | | |
| Section 3: Apprentices Details (If you have answer 'Yes' above only) | | | |
| Name of Apprentice | | | |



| | | | |
|--|--------|---------------|--|
| Contact phone number | | Date of Birth | |
| Email address: | | | |
| Home address (including postcode): | | | |
| What qualifications does your apprentice already have? | | | |
| How did you identify/recruit them? | | | |
| Do you have a contract of employment ready for them? | Yes/No | | |

Section 4: About Your Business

| | |
|--|---|
| What is the nature of your business? (what services and activities do you provide) | |
| How many employees do you have? If none currently how many have you had in the past? | |
| Company or UTR number: | |
| Turnover for the last accounting year | £ |
| Profit for the last accounting year | £ |
| Main assets associated with the business. | |
| The value and source of any loans associated with the business. | |
| Any other sources of funding/income associated with the business. | |

Section 5: Making a Difference



What difference do you anticipate the Apprenticeship grant will make to your business, the apprentice and the wider community?

Section 5: Referees (Must not be unrelated to you or your business directly)

1 Referee Name

Email address

Contact Phone no

In what capacity do they know your business?

2 Referee Name

Email address

Contact Phone no

In what capacity do they know your business?

Section 6: Budget

Please detail below any costs, other than salary, that you are asking the fund to contribute towards. Please use the separate Excel spreadsheet provided the full budget for salary costs.

| Item/details | Amount requested | Year funding required |
|--------------|------------------|-----------------------|
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |

If your grant is successful, please specify who the award should be made payable to. We also require a recent copy of a bank statement to verify payment.

Account name

Sort Code

Account No

Section 4: Checklist

I have included the following documents with my application:

Yes

No



| | | |
|---|--------------------------|--------------------------|
| Copy of you employee and public liability insurance as appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| Health and safety policy documentation | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of registration with either the Health & Safety Executive or Highland Council if appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of your latest accounts | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have prepared a contract of employment, please include this | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of registration of your apprentice on the appropriate course | <input type="checkbox"/> | <input type="checkbox"/> |
| Salary Budget spreadsheet | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration

By submitting this application form, you certify that the information contained in this application is correct, and that you, the contact person listed in Section 1, are authorised to make the application on behalf of the above group. You understand that decisions made by SSE are final.

Data protection

We will use the information you give us to help assess your application and administer any grant we award you. We may also use it to analyse our grant-making and for our own research. Please read our [Data Protection Privacy Notice](#) before applying for funding.

Completed forms and accompanying information should be returned
electronically to:

Signed:

Date:

January 2025

