



## Workforce Development Fund Employer Claim Submission Form

Organisation name	
NMDS-SC id	
Number of learners included in this submission	

Learning summary	Number	Value
Total number and value of QCF qualifications in this submission		£
Total number and value of RQF qualifications in this submission		£
Total number and value of learning programmes in this submission		£

### Declaration

- I confirm that we are an adult social care employer and that the learners included in this claim are staff and/or volunteers employed by this organisation.
- I confirm that we have directly incurred costs for all learners and learning included in this submission, prior to making this claim for the Workforce Development Fund.
- I confirm that the Workforce Development Fund is being claimed as a contribution towards the total costs incurred by this organisation, for all learners included, to achieve the specified learning and that if this funding is being combined with any other funding source, the total amount claimed is equal to or less than the total costs incurred in achieving the learning.
- I confirm that the evidence we are supplying is accurate and that we have retained a copy on file.
- I understand that a maximum of £1,200 per learner can be claimed per funding year and that the amount of funding available to my organisation is limited.
- I understand that we must keep clear and accurate records of the funding spent and received for a period of 6 years and that we are required to supply information for audit purposes if requested by Skills for Care or a representative working on their behalf.
- I understand that we have to fully complete/update the required National Minimum Data Set for Social Care (NMDS-SC) data to access the Workforce Development Fund and that our account data must be an accurate reflection of our service(s) and workforce.
- I understand that if we claim any funds which we are not eligible for then we will have to repay the value of these claims in full to the grant holder.

Tick this box to confirm you are the individual named below and you are authorised to make this declaration on behalf of this organisation.

Name	
Position in organisation	
Date of submission	

This form must be completed by employers claiming the Workforce Development Fund through a partnership and submitted with each claim made.