

Workforce Development Fund (WDF) employer claim submission form 2017/18

Organisation name		
NMDS-SC id		
Number of learners included in this submission		
Total number and value of credits in this submission (value = number of credits x £15)	Number of credits	Value of credits
		£
Total value of RQF qualifications in this submission	£	
Total value of learning programmes in this submission	£	

Declaration

- I confirm that we are an adult social care employer.
- I confirm 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 60 credits per learner can be claimed per funding year for QCF units.
- I understand that we must keep clear and accurate records of the funding spent and received for a period of six 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	