

Department of Economic Development

Vocational Training Financial Support Scheme

Application for Assistance

Type of training required (please tick)

- Apprentice/Trainee Programme
 Short course
 Training/re-training for employed
 Work experience placement

If you are an organisation making application(s) on behalf of employees, please complete Sections 1, 2, 6 and 7.

If you are making an individual application, please complete Sections 3, 4, 5, 6, and 7.

1. Organisation Details

Name of Organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Post Code <input type="text"/>		
Nature of Business	<input type="text"/>		
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
VAT Reg. Number	<input type="text"/>		
Annual Staff Turnover	<input type="text"/>	Annual Turnover	<input type="text"/>
Number of Staff	<input type="text"/>	What % of your employees are Isle of Man Workers?	<input type="text"/>

2. Details of employees who require the training

Surname	Forename(s)	NI Number	Date of Birth	How long in company	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of these employees are apprentices, please supply details.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Have you previously applied for financial assistance in respect of these employees under any other Government Scheme?

Yes No

If **Yes**, please give details.

<input type="text"/>

Are any of the employees listed above **NOT** Isle of Man Workers?

<input type="text"/>
<input type="text"/>

If so, please supply details and the work permit reference number.

<input type="text"/>
<input type="text"/>



Isle of Man
Government

Reillys Ellan Vannin

3. Individual Applicant Details

Full Name

Address

Post Code

E-mail Address Telephone Number

NI Number Date of Birth

Have you applied for or received any other Isle of Man Government financial assistance in connection with this training? Yes No

If **Yes**, please give details.

Are you an Isle of Man Worker as defined in the Control of Employment Act? Yes No

If **No**, please state the work permit reference number details

4. Employment Details *(if applicable)*

Name of Employer

VAT Reg. Number

Address

Post Code

Telephone Number

Nature of business

Your current job

Previous Employment. List below your previous three occupations.

Employer Name	Occupation	From	To	Reason(s) for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Employment Prospects *(complete if you are currently unemployed)*

Do you have a prospective employer? Yes No

If **Yes**, please state occupation and organisation name and address

If **No**, do you intend to find a prospective employer? Yes No

List employers you have approached

If you are unemployed or applying for a work experience placement, what is the possibility of a relevant and suitable job being available within the Isle of Man economy?

6. Details of the proposed training

Course/training activity title		
Name of training organisation		
Award/Accreditation details		
Address at which the training will be carried out		
Date training commences		Number of days training <input type="text"/>

	On Island Training Costs	Off Island Training Costs
Course Fee	£	£
Assessment Fee	£	£
Travel Costs	£	£
Accommodation	£	£
Other	£	£
Total(s)	£	£

7. Additional Information to support application *(continue on separate sheet if required)*

Individual applicants.

Please describe how the proposed training is relevant to your career development and role in the organisation

Please comment on the value for money of the proposed training

Organisation applicants.

Please describe how the proposed training is relevant to the career development and role(s) of the employees(s) listed

How will this training benefit the business in terms of profitability, staff turnover, staff development and skills shortage?

Please comment on the value for money of the proposed training.

How does this training link to your future business plans?

***Copies of receipts in relation to the cost of the training and proof of attendance will be required.**

For official use only

Reference Number Previous assistance checked **Yes / No**

Details of previous assistance application and decision given

.....

.....

Approved **Yes / No** Signed Date % given

If **No**, reason for refusal

.....

Notice of decision sent date Acceptance received date

Expenditure checked by Date

Payment authorised by Date

Passed to Accounts by Date

Please return this form along with any supporting documentation to:

**Department of Economic Development
Training Services
Hills Meadow
Douglas
Isle of Man IM1 5EB**