

Skills for Life Support for Train to Gain - January to March 2009 Application Form

Please return by 22 December 2008

Please complete the form electronically; you will need to click in the grey tick boxes.

Senior Manager making this application - Personal Details	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please state):
Last Name	
First Name	
Job Title	

Organisation Details	
Organisation Name	
Work Address	Postcode:
Telephone Number	
E-mail Address	
Region	North West <input type="checkbox"/> North East <input type="checkbox"/> Yorkshire & Humberside <input type="checkbox"/> West Midlands <input type="checkbox"/> East Midlands <input type="checkbox"/> East of England <input type="checkbox"/> South West <input type="checkbox"/> South East <input type="checkbox"/> London <input type="checkbox"/>
Type of Organisation (please select main type only)	Adult & Community Learning or Voluntary & Community Sector <input type="checkbox"/> Offender (HMPS) <input type="checkbox"/> Further Education College <input type="checkbox"/> Specialist College (LDD) <input type="checkbox"/> Independent Learning Provider / other <input type="checkbox"/>
Does your organisation hold a Train to Gain contract	a) as a lead Yes <input type="checkbox"/> No <input type="checkbox"/> b) as part of a consortium? Yes <input type="checkbox"/> No <input type="checkbox"/> c) as a subcontractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Train to Gain learners - direct delivery	
Number of staff involved in Train to Gain (approx.)	
Estimated number of learners with Skills for Life needs	

Other key contact - Personal Details	
Please could you provide us with the details of the Senior Manager authorising this application (if different from above).	
Full Name of Manager	
Job Title	
Telephone Number	
E-mail Address	

Additional Information

Priority Areas for Development

Please select up to 2 of these 5 priority areas.

- a. Strategies for promoting Skills for Life training to employers
- b. Developing robust systems for tracking, measuring and recording Skills for Life achievements against targets
- c. Using initial assessment outcomes to inform and plan learning
- d. Developing teaching and learning approaches and resources for improved Skills for Life delivery
- e. Identifying the Skills for Life professional development needs of your Train to Gain workforce.

Current Stage of Development

Has your organisation had an Ofsted (or ALI) inspection in the last 5 years? Yes No

If yes, when was your last inspection?

What was your overall inspection grade? Outstanding Good Satisfactory Inadequate

Do you have SfL development identified in your post inspection action plan? Yes No

Previous Engagement with Skills for Life Improvement Programme

Did your organisation participate in the SfLQI or SfLIP before September 2008 ? Yes No

Level of Support

Are you and your staff in a position to commit time and resources to fully engage in improvement activities during January to March 2009 (2 days consultancy + 2 days staff CPD)?

Senior manager with responsibility for implementing improvement processes Yes No

Staff across the organisation at all levels to implement the agreed action plan Yes No

What is your current involvement in other LSIS programmes? (please select as appropriate)

- Improvement Adviser Service
- Move On Up
- World Class Skills
- Teaching and Learning Programme
- Foundation Learning Tier Support Programme
- Functional Skills Support Programme

Supporting Statement

If you feel it would be appropriate, please add up to 100 words in bullet point format to support your application

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If you have any queries please call the Skills for Life Support for Train to Gain help line on 0118 902 1081 or email: sflipwcs@cfbt.com. If you are unable to return this form to us by email please fax it to us on 0845 838 1207.

Skills for Life Support for Train to Gain
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