



# GLASGOW BUSINESS TRAINING SUPPORT APPLICATION FORM

Applicant Company Name



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## COMPANY DETAILS

To be completed in full.

Contact must be Owner/Director

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## BUSINESS DETAILS

To be completed in full to establish eligibility for training grant.

Retail & businesses that trade locally within the city are not eligible.

2

## PURPOSE OF TRAINING

Please detail the difference this training will make to your business. This information will be used to assist in the appraisal of your application.

3

## TRAINEE INFORMATION

This information must be completed in full as it is used for Equal Opportunities Monitoring purposes.

4/5

## PROGRAMME DETAILS

To be completed by named Trainer. This section should summarise your proposed training programme. A full training programme showing outcomes and a breakdown of costs must be enclosed with your application.

6

## TRAINING ORGANISATION INFORMATION

To be completed by named trainer.

7

## DECLARATIONS

appropriate section.

7

## CHECK LIST

Make sure you read the guidelines enclosed to ensure your application meets the eligibility criteria.

8

### ***Your application must enclose:-***

- Up to date full audited accounts;
- Detailed training programme;
- Proof of turnover (see guidelines);
- Trainer registration number (see page 7).

**APPLICATIONS ARE PARTICULARLY WELCOME FROM MINORITY ETHNIC OWNED BUSINESSES AND BUSINESSES OWNED BY WOMEN**

**ALL SECTIONS MUST BE COMPLETED IN BLACK INK AND BLOCK CAPITALS**

Registered Company Name

Address

Phone

Fax

E.mail

www.

Postcode

Contact Name for application purposes

Job Title

Type of business

**Ltd Coy, Plc, Sole Trader, Partnership, Co-op**

Does your company have Investors In People?

**Yes, No, Working toward, Not applicable**

Please provide a brief description of your main business activity including principal products/services.

How many people does your company employ in Glasgow?

How many people does the group employ worldwide?

mm/yy Date of Business Formation?

£ What is your annual turnover?

£ What is your annual profit?

% What percentage of your turnover comes from manufacturing?

% If service sector what percentage of your turnover is generated outwith Glasgow?  
*(see guidelines on company eligibility)*

Is your company part of a holding company Yes / No

If yes please provide name and address of holding company

Name

Address

Postcode

Provide details of your Business Account

Name of Bank

Branch Name

Sort Code

VAT registration No.

If not VAT registered please state why



**ALL SECTIONS MUST BE COMPLETED IN FULL**

NAME OF TRAINEE	HOME POST CODE	AGE	FULL / PART TIME	SEX M/F	POSITION/ JOB TITLE	ETHNIC ORIGIN *SEE TABLE BELOW	DISABILITY YES/NO PREFER NOT TO SAY	LEVEL OF TRAINING TO BE ATTAINED
1								
2								
3								
4								
5								
6								

**\* Ethnic Origin**

- |                              |                    |                      |                       |
|------------------------------|--------------------|----------------------|-----------------------|
| 1 = White Scottish           | 2 = White Irish    | 3 = White Welsh      | 4 = White English     |
| 5 = White Other British      | 6 = White Other    | 7 = Asian Indian     | 8 = Asian Pakistani   |
| 9 = Asian Bangladeshi        | 10 = Asian Chinese | 11 = Asian Other     | 12 = Black Caribbean  |
| 13 = Black African           | 14 = Black Other   | 15 = Gypsy Traveller | 16 = Mixed Background |
| 17 = Other Ethnic Background |                    |                      |                       |

**THIS INFORMATION IS USED FOR EQUAL OPPORTUNITIES MONITORING PURPOSES**

## PROGRAMME DETAILS - TRAINER TO COMPLETE THIS SECTION

**NAMED TRAINER** must attach a comprehensive training plan to this application. As a minimum it must detail the content of all activities. Explain what will be done and provide specific competencies that can be used as a measure of learning success. Summarise the training you have detailed in your attached training plan here.

### Show here how costs are calculated

Breakdown of hours / total costs:

No. of Hours	<input type="text"/>	Total Costs	<input type="text"/>
Start Date	<input type="text"/>	Finish Date	<input type="text"/>

Where will the training take place:

No. of nights away (if applicable)

Fares (if applicable)

Registered Name of Training Organisation

Address  Phone   
Fax   
Postcode  E.mail   
www.

Trainer Registration Number   
*(if the trainer is not already registered please contact 0141 287 9903 for a trainer registration application form (see Guideline 5.0 'Who can carry out the training')).*

Total Fees to be charged (excluding VAT)

**DECLARATION BY TRAINING ORGANISATION**

I confirm that we offer to carry out the programme and that the costings are accurate and that no discounts or rebates will be offered at a later stage.

**Signed:**

**Position:**

**Print name:**

**Date:**

**DECLARATION BY APPLICANT COMPANY**

I confirm that I have read the guidelines and conditions pertaining to this scheme and confirm that my company will adhere to all the conditions detailed therein.

I also confirm that all the information contained on this application is correct and understand that if this is found not to be so at any later stage, any grant award will be cancelled and my company will immediately repay any monies that may have been paid with regard to this application. In such an event my Company will be totally responsible for the repayment of any fees due to the Trainers.

I am aware that the training I have received is part-financed by the European Union through the European Social Fund

I understand that information given on this form will be stored in computer files, and as such is subject to the provisions of the Data Protection Act 1998.

Have you had any other public sector support for this project? Yes / No

**If 'Yes' please detail**

**Signed:**

**Position:**

**Print name:**

**Date:**

**Note: Your information may be held on a Business Development Database and used for the purposes of processing your grant application and in the longer term to provide assistance to SME's. For Business Development purposes your information may be shared with the Scottish Enterprise Network.**



**How did you hear about the Grant?**

- |  |  |
|--|--|
| <input type="checkbox"/> GCC website/Advertisement | <input type="checkbox"/> Business Gateway          |
| <input type="checkbox"/> Trainer / Consultant      | <input type="checkbox"/> Scottish Enterprise       |
| <input type="checkbox"/> Word of Mouth             | <input type="checkbox"/> Seminar/Conference        |
| <input type="checkbox"/> Newspaper Advert          | <input type="checkbox"/> Local Regeneration Agency |
| <input type="checkbox"/> Other                     |  |

Check

- Have you read the guidelines enclosed with this application?

Have you enclosed:-

- |   |   |
|---|---|
| <input type="checkbox"/> Up-to-date full audited accounts | <input type="checkbox"/> Trainer Registration                 |
| <input type="checkbox"/> Detained training programme      | <input type="checkbox"/> Proof of turnover (where applicable) |

**FAILURE TO ENCLOSE ANY OF THE ABOVE WILL RESULT IN THE APPLICATION BEING RETURNED TO YOUR COMPANY**



**SEND YOUR COMPLETED FORM WITH ENCLOSURES TO:**

Principal Adviser  
Business Services  
Development & Regeneration Services  
Exchange House  
229 George Street  
GLASGOW G1 1QU

**Phone:** 0141 287 7260

**E-mail:** [training.grants@drs.glasgow.gov.uk](mailto:training.grants@drs.glasgow.gov.uk)

Further copies of this application form and guidelines  
can be downloaded from our website

**[www.glasgow.gov.uk](http://www.glasgow.gov.uk)**

**APPLICATION FORMS AND BUSINESS ADVICE ARE ALSO AVAILABLE  
FROM THE ORGANISATIONS LISTED BELOW.**

**Glasgow City Council**

**Business Development,**

Development & Regeneration Services,  
229 George Street, Glasgow G1 1QU

**Phone:** 0141 287 7260 **Fax:** 0141 287 7267

**e-mail:** training.grants@drs.glasgow.gov.uk

**Web Site:** [www.glasgow.gov.uk](http://www.glasgow.gov.uk)

**Business Finance,**

Development & Regeneration Services,  
229 George Street, Glasgow G1 1QU

**Phone:** 0141 287 7252 **Fax:** 0141 287 7267

**e-mail:** business.support@drs.glasgow.gov.uk

**Web Site:** [www.glasgow.gov.uk](http://www.glasgow.gov.uk)

**International Trade,**

Development & Regeneration Services,  
229 George Street, Glasgow G1 1QU

**Phone:** 0141 287 7231 **Fax:** 0141 287 7267

**Web Site:** [www.glasgow.gov.uk](http://www.glasgow.gov.uk)

**Business Gateway - Glasgow**

Business Gateway Glasgow,

**Phone:** 0845 609 6611

**e-mail:** [info@bgateway.com](mailto:info@bgateway.com)

**Web Site:** [www.bgateway.com](http://www.bgateway.com)

# NOTES



