Community Learning Fund Application

Name of Organisation	
Address of Organisation	
Name of Contact	
Telephone Number	
Email Address:	
<u>UKPRN</u> :	Please note that your organisation must be a registered learning provider. You can register at: <u>UK Register of Learning Providers</u>

Important notes:

- This application form is for Community Learning funded courses.
- You will need to enrol a minimum of 12 learners in order to start any course (up to a maximum of 16).
- All community/voluntary providers will have to provide a copy of their end of year financial records, to ensure financial probity as demanded by the Skills Funding Agency.
- There are two types of courses you can apply for:
 - 1. 6 -10 hours course which we will fund £650
 - 2. 11-15 hours course which we will fund £1150
 - All learning (and learners' journeys) must follow RARPA procedures.
- If this application is successful, each organisation will automatically join the Community Learning Development Group (CLDG), and will meet two times each academic year.
- Further conditions are to be found in the Service Level Agreement that will be drawn up

Course Title		Timetable Details							
		Start date	End date	Day	Start and End time e.g. 9:00-11:30	No of sessions	GLH Guided Learning Hours	Tutor	
1.									
2.									
If usin	If using your own Tutor/s please provide following details:								

Note: Tutor/s will need to provide to EAL their CV, Contact details with address, Copy of their current DBS and Safeguarding certificate before they can start delivering any courses. They will also need to attend a tutor training session so that they are familiar with EAL policies/procedures and on how to complete the relevant Evidence of

				procedures and on how to complete the relevant Evidence of
Full Name of tutor 1	ommunity	Learning Fu	nd. Tutors will also be observed by us	at least once every academic year for quality assurance.
Highest teaching qualification held				
Adult Group-Teaching				
Experience in the UK and				
No. of years				
Current Enhanced	Yes	No	DBS Number:	
DBS please tick (✓)			Date of issue:	
0. (Vee	Na	Data of incurs	
Safeguarding Certificate	Yes	No	Date of issue:	
Prevent Training	Yes	No	Date:	
Full Name of tutor 2				
Highest teaching qualification held				
Adult Group-Teaching				
Experience in the UK and				
No. of years				
Current Enhanced	Yes	No	DBS Number:	
DBS please tick (✓)				
()			Date of issue:	
Safeguarding Certificate	Yes	No	Date of issue:	
Prevent Training	Yes	No	Date:	

Who are your courses aimed at and what is their purpose? Please tick (✓) target groups						
Priority groups	Please indicate number		Priority groups		Please indicate number	
Male		Economically Inactive				
ESOL		Below Level 2 Qualification		evel 2 Qualification		
Disability		Business start - up				
Physical/Mental wellbeing		Refugee				
English/ESOL need		Maths need				
Reason for the need			I			
Is this course a progression to last year's course you ran		Yes	/ No	How many learners have expressed a commitment to progressing?		
If this is not progression, how have you identified a need for this (these) courses?				How many learners have you already identified?		
How will you recruit for these courses?						
What key issues/barriers to recruitment you identified?	have					
What actions will you take and what sup do you need from the EAL team?	oport					
Match funding/ Pound Plus details:						

About the premises

Where will this course be delivered? (Please check our list of priority wards, in the guidance) Address:

Wheelchair Access to rooms	Disabled Toilet	IT access	Internet access	Photocopier on site	Computer linked to a projector or an IWB for the tutor	Water/sink availability in the room (for art or beauty courses)	White Board with Markers
Adult size tables and chairs in the classroom	Any sound equipment e.g. CD Player	Appropriate furniture to accommodate proposed learning activities		Any Storage	Transport links to the venue?	Parking facilities	Kitchen for learnei use

Any additional information

Please state progression/ volunteering opportunities?

Course #	# Hours	Funded amount	Target # learners*

Please note the centre must pass a health and safety inspection prior to the start of any course. Any additional information you would like to add

Please complete and return this form to: adultlearning@ealing.gov.uk





Funded by

