**FUNDING TO SUPPORT TRAINING AND DEVELOPMENT FOR THE SOCIAL CARE WORKFORCE**

The Department of Health has approved funding to support accredited training to help develop capacity and capability within the social care workforce. This funding will focus on supporting people at different stages on their social care career pathway by improving access to training, support and learning resources.

As part of the overall funding, support is available to **Independent and Third Sector providers** (with no age restrictions) to payfor the following qualifications:

* Level 3 Award in Education & Training, also known as ‘Train The Trainer’
* Level 4 Certificate in Principles of Leadership and Management in Adult Social Care

Funding is not available to pay for staff time to complete the qualifications or for backfill.

These qualifications need be sourced by providers.

Should you require any further information about these qualifications please contact [Meta.Keenan@niscc.hscni.net](mailto:Meta.Keenan@niscc.hscni.net) or [Mervyn.Bothwell@niscc.hscni.net](mailto:Mervyn.Bothwell@niscc.hscni.net) )

In making application for funding, providers must agree to the following conditions:

1. **Re Level 3 Award in Education & Training (Train The Trainer):**

* Provide evidence of completion of Train The Trainer **by 28 February 2022**
* Provide plans of the number of staff to receive training from Train The Trainers and associated subject areas **by 28 February 2022**; see attached spreadsheet
* Provide evidence of delivery of in-house training via Train The Trainer, including numbers of social care staff trained, **by 30 June 2022**
* Provide evidence of impact and outcomes by completing short surveys that will be issued by the Social Care Council

1. **Re Level 4 Certificate in Principles of Leadership and Management in Adult Social Care:**

* Provide evidence of commencement of qualification **by 28 February 2022**
* Provide evidence of completion of qualification **by 29 December 2022**
* Provide evidence of impact and outcomes by completing short surveys that will be issued by the Social Care Council

**Applications will be treated on ‘first come-first served basis and must be made by returning the attached proforma to Mervyn.Bothwell@niscc.hscni.net by 5pm on 30 November 2021.**

**To ensure that the limited funds are maximised, providers will be able to apply for a maximum of two Level 3 (Train The Trainer) Awards and two Level 4 Certificates per organisation.**

**Indicative successful applications will be notified by 10 December 2021 with providers being re-imbursed by 31 March 2022 if the above 28 February conditions have been met.**

Social Care Council



**APPLICATION FOR FUNDING TO SUPPORT TRAINING & DEVELOPMENT FOR SOCIAL CARE WORKERS**



**APPLICATION FOR FUNDING TO SUPPORT TRAINING & DEVELOPMENT FOR SOCIAL CARE WORKERS**

Please note that **all** sections must be completed before payment can be considered.

**Costs can only be claimed for Social Care staff who are registered with the Social Care Council (SCC).**

Please return, via email, to:

Mervyn Bothwell

Professional Advisor

Social Care Council

[Mervyn.Bothwell@niscc.hscni.net](mailto:Mervyn.Bothwell@niscc.hscni.net)

**by 5pm on 30 November 2021**

**ORGANISATION DETAILS:**

|  |  |
| --- | --- |
| NAME OF ORGANISATION |  |
| ORGANISATION ADDRESS |  |
| POST CODE |  |
| TELEPHONE |  |
| CONTACT NAME |  |
| CONTACT E-MAIL ADDRESS |  |
| CONTACT TELE/MOBILE NO |  |

**QUALIFICATIONS APPLIED FOR:**

|  |  |  |
| --- | --- | --- |
|  | YES/NO | NUMBER APPLIED FOR (max of 2 per Qualification) |
| Level 3 Award in Education & Training-Train The Trainer |  |  |
| Level 4 Certificate in Principles of Leadership & Management in Adult Social Care |  |  |

**TRAINING PROVIDER/S FOR LEVEL 3 AWARD IN EDUCATION & TRAINING-TRAIN THE TRAINER:**

|  |  |
| --- | --- |
| NAME OF TRAINING PROVIDER |  |
| CONTACT DETAILS OF TRAINING PROVIDER/S |  |
|  |
|  |
| DATES OF TRAINING |  |

**TRAINING PROVIDER/S FOR LEVEL 4 CERTIFICATE IN PRINCIPLES OF LEADERSHIP & MANAGEMENT IN ADULT SOCIAL CARE:**

|  |  |
| --- | --- |
| NAME OF TRAINING PROVIDER |  |
| CONTACT DETAILS OF TRAINING PROVIDER/S |  |
|  |
|  |
| DATES OF TRAINING |  |

**PARTICIPANTS UNDERTAKING QUALIFICATIONS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | JOB TITLE | SCC REGISTRATION NUMBER | ACTIVE REGISTRATION?  Y/N\* | TITLE OF QUALIFICATION | COST including VAT. |
| 1. |  |  |  |  | £ |
| 2. |  |  |  |  | £ |
| 3. |  |  |  |  | £ |
| 4. |  |  |  |  | £ |
|  |  |  |  | **TOTAL BEING CLAIMED** | **£** |

\*Checks will be undertaken to verify active membership against the current

SCC Register

**INDICATIVE NUMBERS OF SOCIAL CARE STAFF TO RECEIVE TRAINING VIA TRAIN THE TRAINER:**

|  |  |
| --- | --- |
| LEVEL OF STAFF | NUMBER OF STAFF |
| Front Line Workers |  |
| Supervisors |  |
| Managers |  |
| **TOTAL NUMBER** |  |

**SUBJECT AREAS TO BE DELIVERED BY SUCCESSFULLY FUNDED TRAIN THE TRAINERS:**

|  |  |
| --- | --- |
|  | SUBJECT AREAS |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

**PROVIDER AGENCY VERIFICATION:**

I declare that the information provided is accurate and agree to audit checks if necessary.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chief Executive/Director signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name & Job title Date

**­­­­­­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR SCC OFFICE USE ONLY:**

**Date received by SCC:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCC PROCESSING:**

**Action taken:**

1. Returned requesting more detail: Y/N
2. Recommended for approval: Y/N
3. Recommended for rejection and reason/s: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

Project Support Worker

APPROVED? Y/N:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

Mervyn Bothwell

Professional Adviser