**Access to Work Fund**

**Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Details | | | | | | | | | | | | | | | | | | | | | | | | **1** | | |
| Forename | |  | | | | | | | | Surname | | | |  | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | Tel No. | | | |  | | | | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | National Insurance Number | | | | | | | | |  | | | | | | |
| Current Benefit Type | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **You must submit Part 2 of this application from your DWP Work coach**  To eligible for funding you must be in receipt of out of work benefits. You will require confirmation from your DWP Work coach in order to proceed with your application. Your work coach will complete an eligibility form and return it to you. Please ensure you bring this with you as your application cannot be processed without it. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Job** (You must submit with your application evidence of your job offer) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Contact Name | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Contact Telephone Number | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| No. Hours per week | | | | | | |  | | Hourly Rate | | | | | £ | | | | | | Contract Duration | |  | | | | |
| Job Start Date | | |  | | | | Date first wage | | | | | | | |  | | | | | Shift Pattern | | |  | | | |
| Please detail evidence provided (offer letter, email, etc): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of support requested** (*tell us about your travel/ childcare needs to start work)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel Only** | |  | | | **Dependent Care Only** | | | | | | | |  | | | | **Travel and Dependent Care** | | | | | | | | |  |
| **Support required** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration of Support Required  **NB: Maximum of 4 weeks support available** | | | | | | | | | | wks | | | | Estimate Cost | | | | | | £ | | | | | | |
| Dependent Details (if applicable) You must have identified your childcare provider to submit an application | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Children | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Age/s | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Applicants relationship to children | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Evidence provided of relationship | | | | | | | | Child Benefit Form / Birth Certificate | | | | | | | | | | | | | | | | | | |
| Care Providers Name | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Details of provision required including days and amount | | | | | | | | No days per week | | | |  | | | | Daily Rate | | | £ | | Weekly Rate | | | | £ | |
| **Section 2B Confirmation of Childcare Costs must be completed by the childcare provider andsubmitted with your application and should be.**  (Failure to bring this to your interview will result in a delay to your application) | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Declaration** | | | |
| Please read the declaration carefully and make sure you understand it before signing and dating the form. We cannot make a decision about your application unless you have signed the form. Even if someone has filled in the form for you, you must sign it if you can. Make sure that you understand what they have written before you sign the declaration. It is an offence to give false information.   * I have read and understood the guidance notes that come with this form. * I understand that: * the Council will use the information I have given to decide whether to award me a grant; * the Council will contact your employer and/ or childcare provider to confirm your details * the Council will check the information I have given with the organisations I have named on the form; * the Council may check the details with other information held and may share these with other Council departments to check the accuracy of the information; to prevent or detect fraud or crime or to protect public funds; * the Council will use the information and share it with other agencies, including the Scottish Government, for research and analysis to monitor this service and provide better services; * I also understand that: * if information is found to be false that I will be required to repay any award received; * the Council may require me to provide receipts to confirm how the grant was used, so that I must request and keep my receipts. * all information will be held in line with the Data Protection Act 1998. * I confirm that I am not receiving funding from other sources for the above costs. * I declare that, if I am awarded a grant, I will spend it on the things I have asked for * I also declare that that I have discussed my return to work with my DWP Work Coach and the information I have given on this form is correct and complete as far as I know and believe. | | | |
| **Signature** |  | **Date** |  |
| **Print Name** |  |

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| --- |
| **Final Checks** |
| Check you have answered all the questions and given all information requested.  Please ensure you have all the supporting documents you need to submit your application:   * Evidence of Job Start Date submitted ( required) * DWP Eligibility Form submitted (required) * Childcare Provider Form submitted (if applicable) * Initial any alterations and check you have signed the form |

|  |  |  |
| --- | --- | --- |
| **What to do now** | | |
| Take your completed application (along with all your supporting documentation) to **Invest in Renfrewshire** based at 2 Lawn Street, Paisley, PA1 1HA where a member of the team will assist you.  **Processing times**  We aim to process all complete enquiries within two working days of receipt with funds transferred within 5 working days.  **What to do if you disagree with our decision:** If you are not happy with the decision on your application you can ask us to look at it again. The Assistant Manager for Employability at the Council will look at your application again to check whether they have made the right decision. You must write to us within 20 working days of the decision and tell us why you want a review. | | |
| **Bank Details** | | |
| **About the account you want to use**  If we are going to pay cash, we may need to know your bank or building society details. It is very important you complete ALL boxes correctly including the building society roll or reference number if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money. You can find the account details on your bank debit card or bank statements. If you are not sure about the details, ask the bank or building society or other account provider. You can use an account in your name only. If you do not have an account or have charges on your account, and are not planning to open one, please tick the box and we will discuss the best way to make a payment. | | |
| **Account details** | | |
| Name of account holder |  | |
| Full name of bank, building society or other account provider |  | |
| Sort code |  | |
| Account number |  | |
| Building society roll or reference number |  | |
| If you do not have an account and don’t intend to open one tick here | |  |

**Section 2 B**

**Confirmation of Childcare Costs**

**To be completed by registered care provider ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Details | | | | |
| Forename |  | Surname |  | |
| Address |  | | | |
| Postcode |  | | | |
| Provider Details | | | | |
| Name of childcare provider |  | | | |
| Contact Name |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Tel. No. |  | | | |
| Registration Number |  | | | |
| **Details of Provision** | | | | |
| Name of child/children |  | | | |
| No. of days per week |  | | | |
| Daily Rate | £ | | | |
| Weekly Rate | £ | | | |
| Less childcare grant from local authority | £ | | | |
| Final Weekly Cost | £ | | | |
| **Childcare provider Stamp** | | | | |
| STAMP HERE | | | | |
| **Declaration** | | | | |
| I can confirm that the above information is accurate and valid at time of signature. Child has been enrolled or is awaiting confirmation of a place. I understand and agree that if applicant is successful the grant must be used for services or in lieu of default on notice period. At no time will this be paid back to the applicant as cash. I understand I will be contacted by Renfrewshire Council to confirm the details provided. | | | | |
| **Providers Signature** |  | | **Date** |  |
| **For Office Use Only - Confirmation by Invest Staff Member** | | | | |
| I have confirmed the above information directly with the provider and can confirm this information to be accurate. | | | | |
| **Staff Name (PRINT)** |  | | **Date** |  |
| **Staff Signature** |  | |