**TRAINING LINKS APPLICATION FORM 2021-2023**

Please complete the application form in full, with regard to the information provided in the overview document. You can contact Lauren Carroll on traininglinks2021@wheel.ie with any queries, or visit <https://www.wheel.ie/training-links-programme-2021-2023>.

**SECTION A – ORGANISATIONAL DETAILS**

**Section A.1 Lead Organisation Details**

The **Lead Organisation** is the main applicant for the Training Links funding. It will have overall responsibility for meeting the Training Network’s objectives, coordinating Training Network activities, monitoring progress and targets, and evaluating the training programme. The Lead Network is also responsible and accountable for the funding, as well as reporting to The Wheel.

**A.1.1 Name of Lead Organisation**

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| --- |
| Name: |
| Address:  |
| Telephone Contact Number:Mobile Contact Number:E-mail of Contact Person:Website:  |

**A.1.2 Name and Job Title of proposed Training Links Network Coordinator**

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| --- |
| Name:Job Title: |
| Address:  |
| Telephone Contact Number:Mobile Contact Number:E-mail of Network Coordinator:  |

**Network Coordinators** must have the capacity to undertake the work associated with the programme and who will also act as the main point of contact for The Wheel.

**A.1.3 Name of the proposed Training Network** (suggest a short name reflecting type of training or network focus, or innovative name, e.g. *Health Support Network*, or *Sports for Health* *Network*…. etc.).

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| Name: |

**A.1.4 Please indicate the area, or region the Network will operate in** (e.g. Co. Tipperary, South-East Region, Nationally).

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| Region/County: |

**A.1.5 Legal Form of the Lead Organisation** Company Limited by Guarantee, Co-Operative / Friendly Society etc. (Please note the Lead Organisation must be **incorporated**.)

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| Legal Form: |

**A.1.6 Tax Clearance Status is required. Confirm Status of Lead Organisation:**

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| Revenue Access Number: |
| Tax Number: |

All successfully funded Training Networks must submit a copy of their **Tax Clearance Certificate**.

**A.1.7 Compliance with Charities Governance Code** (applicable to registered charities only.

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| Registered Charity Number (RCN): |
| Is your charitable organisation on course to be compliant with the Charities Governance Code by the time you file your Annual Report in 2021? If not, please explain why.   |

**Section A.2 Training Network Member Organisations**

**A.2.1 Contact Information** (Please ensure Lead Organisation is typed in line No. 1 below. Add more rows if required).

|  |  |  |
| --- | --- | --- |
| **No.** | **Organisation** (Minimum of **10** member organizations required) | * **Name**
* **Address**
* **Contact details** (e-mail & phone)
* **Job title of contact person**
 |
|  1.   | Lead Organisation  |   |
|  2.  |   |   |
|  3. |     |   |
|  4.  |   |   |
|  5.  |   |   |
|  6. |   |     |
|  7. |   |     |
|  8. |   |     |
|  9. |   |     |
|  10. |   |     |

**A.2.2 Member Organisation Information** – Minimum of 10 (Add more rows as required).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **No. of employees** | **No. of volunteers** (excl. board members) | **Number of staff that will be trained in the project from each member organisation** | **Number of volunteers that will be trained in the project from each member organisation** |
|  1. |   |  |  |  |
|  2. |  |  |  |  |
|  3. |  |  |  |  |
|  4. |  |  |  |  |
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|  10. |  |  |  |  |

**A.2.3 Legal information** (Add more rows as required).

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| --- | --- | --- | --- | --- |
| **No.** | **Name of member organisation**  | **Tax Clearance Certificate** (yes/no) |  **Registered Charity Number**(provide RCN for all registered charities in the Network) | **Legal form of the member organisation (**Company Limited by Guarantee; Registered Charity, Co-Operative / Friendly Society etc. M5ore than one form may apply to your organisation). |
|  1.  |   |   |   |   |
|  2.  |   |   |   |   |
|  3. |     |   |   |   |
|  4.  |   |   |   |   |
|  5.  |   |   |   |   |
|  6. |     |   |   |   |
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|  8. |     |   |   |   |
|  9. |     |   |   |   |
|  10. |     |   |   |   |

**SECTION B - PROJECT MANAGEMENT**

**Section B.1 Capacity of Lead Organisation**

**B.1.1** Please outline any relevant experience the Lead Organisation has had of managing or promoting other projects which have received public funding (from Irish agencies, statutory bodies, cross border bodies, EU programmes etc. Add more rows as required).

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| **Project Name** | **Awarding Body** | **Role of Lead Organisation** |
|   |   |   |
|   |   |   |
|   |   |   |

**B.1.2** Please outline any experience the Lead Organisation has of developing, delivering, managing or participating in interagency, collaborative and/or networking projects or working. Please describe any benefits the organisation has seen from this networking (max 200 words).

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**B.1.3** Does the Lead Organisation carry out an annual audit of its accounts?

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| Yes / No:  If No, please state what form of financial control is maintained? |

**B.1.4** What is the most recent year for which audited accounts are available?

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**B.1.5** Outline the management and decision-making procedures that are in place in the Lead

Organisation with particular reference to financial management and control (max 200 words).

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**B.1.6** Please outline any experience the Lead Organisation has of evaluating projects/networks or activities it has conducted (max 300 words).

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**Section B.2 Management of the Training Network**

**B.2.1** Please outline the tasks the Network Coordinator will undertake for the Trainin Network and how the Lead Organisation will facilitate and support the Network Co-ordinator in the role (max 200 words).

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**B.2.2** Please describe how it is proposed that the Network Committee will be selected, will operate and will manage the work of the network (max 200 words).

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**Section B.3 Role of the Network Members**

**B.3.1** Please describe the extent to which network objectives, activities and plans are, and will be, decided and managed by the network members, and the mechanisms in place to facilitate this. What evidence is there, or will there be, that the members have or will actually committed to the network? (max 300 words).

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**SECTION C - TRAINING PLAN**

**Section C.1 Training Provision – Priority Areas**

**C1.1** Please indicate with a tick or X the priority area your network has identified as the focus of your Training Links application. More than one priority area can be selected.

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| --- | --- | --- |
| **No.**  | **Priority Area** | **Indicate if this priority area is applicable to your application** |
| 1. | Fast-tracking digital transformation across all facets of organisational functioning. |  |
| 2. | Enhancing the leadership and management skills to increase organisational impact, including strong governance, well-formed strategy, and agile and effective management and planning. |  |
| 3. | Driving the development of the Green Economy and the adoption of sustainable practices within organisations. |  |
| 4. | Building skills as a means of responding to the challenge of Brexit. |  |
| 5. | Developing new business models; new approaches to earning-income and fundraising; and new models for working with statutory funding partners. |  |
| 6. | Achieving high-quality, impactful, consistent and responsive services, demonstrating impact, and communicating that effectively. |  |
| 7. | Upskilling and reskilling to successfully accommodate the changes necessary to ensure safe working environments in a COVID-19 context. |  |

**C.1.2** Does the application demonstrate advancement in promoting and supporting these cross-cutting challenges? More than one cross-cutting challenge can be selected.

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| **No.**  | **Cross-cutting Challenge** | **Indicate if this cross-cutting challenge is applicable to your application.** |
| 1. | Applications that build skills on a **regional basis**. |  |
| 2. | A focus on **labour market** **inclusion**, particularly for those who are less likely to be included in employer-arranged training or to directly engage in training themselves. |  |
| 3. | Embedding a culture of **lifelong learning** across the workforce. |  |

**C.1.3** What are the gaps in provision or skills needs of organisations, workers and volunteers, which the networks training plan is intended to address? (max 200 words).

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**C.1.4** Please describe why you need to access the Training Links Programme and why you have not been able to address the identified needs to date? Please also indicate any part of your proposed programme that would go ahead in the absence of this funding (max 200 words).

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 **Section C.2 Training Links Project Plan**

**C.2.1** Please provide a brief overall summary of your Training Networks proposal outlining the regional, sectoral or thematic environment/context in which the network operates/plans to operate and the challenges therein(max 200 words).

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**C.2.2** Please provide evidence of the need for the proposed project and outline how this need was identified. Please also highlight any objective data available to support this proposal (max 200 words).

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**C.2.3** Please identify the number of individual trainees (by occupational category) your network intends to train during each project year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Type** | **Total No. of Trainees 2021-2022*** **Staff**
* **Volunteers**
 | **Total No. of Trainees 2023*** **Staff**
* **Volunteers**
 | **Total no. Of Trainees in programme from 2021-2023*** **Staff**
* **Volunteers**
 |
| CEO/Manager or equivalent |   |   |  |
| Middle Mgt./Supervisory |   |   |  |
| Support officers |   |   |  |
| Administration |   |   |  |
| Fundraising/Marketing |   |   |  |
| Information Technology |   |   |  |
| Professional/Specialist |   |   |  |
| Financial |   |   |  |
| Board Member |   |   |  |
| Other (Please specify) |   |   |  |
| **TOTAL**  |   |   |  |

**Section C.3 Project Development**

**C.3.1** Please describe how the Network will improve the adaptability and long-term employability of workers in the Network? (max 200 words).

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**C.3.2** Please describe how the Training Links Programme will help the Lead Organisation develop and promote increased active participation in training and development by the member organisations (both during and after the lifetime of the project); share/cascade training to a wider audience than the initial project trainees; enable networking and collaboration (max 300 words).

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**Section C.4.1** **Budget**

Please complete the Training Links network-proposed budget as outlined below:

**Outline Budget**

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| ***Expenditure*** | **2021-2022****(€)** | **2023** |
| **Programme Development** (maximum 10% of budget costs) |
| Consultants' costs (please explain)  |   |   |
| Other Training Needs Analysis costs (specify) |   |   |
| Other (please specify)  |   |   |
| **Network Management** (maximum 15% of budget costs) Please ensure sufficient consideration is given to role and time commitment of the networkco-ordinator responsible for running, planning, organising and reporting on the Network training |
| Network Co-ordinator costs  |   |   |
| Network Committee costs   |   |   |
| Other (please specify)  |   |   |
| **Administration/Logistics** (maximum 10% of budget costs) |
| Meetings & Events |   |   |
| Materials & publications |   |   |
| Administration overheads |   |   |
| Other (please specify)  |   |   |
| **Training Costs** (**minimum 65%** of total budget costs) |
| Trainers  |   |   |
| Venues |   |   |
| Evaluation |   |   |
| Other (please specify)  |   |   |
| Total costs |   |   |
| ***Income*** |
| 1. The Wheel grant requested - must not exceed €50,000 i.e. the max grant available = 80% of total budget, and the grant request must not be less than €10,000 |   |   |
| 2. Matching funds = 20% of total budget (this can be as cash from other sources, or as in-kind i.e. staff salaries, overhead costs, etc.) |   |   |
| Total income = 100% of total budget |   |   |
| *\*Total costs should equal total income* |

**SECTION D** - **SIGNATURE SHEET**

**Please read carefully:**

This undertaking must be completed and signed by an authorised signatory of the Lead organisation.

It will be a condition of any application for funding under the eligibility and selection criteria of the Training Links programme, that the applicant has read, understood and accepted the following:

1. The Wheel shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:
* The application or the subject matter of the application.
* The rejection for any reason of any application.
1. The Wheel shall not at any time in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and/or administration of individual projects.
2. The project funding is subject to ongoing funding from the National Training Fund through the Department of Further & Higher Education, Research, Innovation and Science. If this funding is not made available, The Wheel is not obliged to continue funding individual Training Links Networks.
3. The information given in the application is true and accurate.
4. An Appeals Process has been put in place for unsuccessful applicants. Please see <https://www.wheel.ie/training/traininglinks>.

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| **Name** (block capitals)**:** |  |
| **Job Title:** |  |
| **Lead Organisation:**  |  |
| **Signature:**  |  |
| **Date:**  |  |

**SUBMISSION OF APPLICATION**

An electronic version of the completed application form must be emailed to traininglinks2021@wheel.ie. Hard copy applications will not be accepted.

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| --- | --- |
| **Closing date:**  | 13 August 2021 |
| **Closing time:**  | 5pm |
| **Email:** | traininglinks2021@wheel.ie |
| **Website** | <https://www.wheel.ie/training-links-programme-2021-2023>  |