

ReAct

Form 3



Llywodraeth Cymru
Welsh Government

Employer Recruitment and Training Support Application Form

www.gov.wales



IT'S TIME
to **react** positively

Use this if you are an employer seeking funding
for recruitment and training

Name

Participant Number

For office use only



UNDEB EWROPEAIDD
EUROPEAN UNION



Llywodraeth Cymru
Welsh Government

Cronfa Gymdeithasol Ewrop
European Social Fund



IT'S TIME
to **save** up to **£1,000**
on your training

Before you fill in the form:

Please read our guidance notes, then complete this jointly with the person you are recruiting. Please use a separate form for each new recruit.

Use **BLOCK CAPITALS** and answer all questions. If you make any mistakes, cross them out and write your initials next to them. Do not use correction fluid to amend any details. Please note we cannot accept photocopied application forms. Printed PDFs are acceptable. **Please ensure that this form is completed in full. Incomplete applications will not be processed and will result in the start of employment being delayed.**

Remember, you will not be eligible for this funding if the employee starts working for you before your application has been approved. Please note that European funding regulations prevent the ReAct programme from supporting jobs in the public sector.

Your new recruit should now check their eligibility and complete Sections 1 to 4. You can then complete Sections 5 to 8, and send the form back to the ReAct Team in the Welsh Government.

If you need help completing the form contact the Skills Gateway for Business on **03000 6 03000**.

IT'S TIME
to fill in the **form** now

Remember, if the employee starts working for you before you apply, you won't be eligible

*Please make sure that every section of this form is filled in before it is returned.
If any information is missing or incorrect, your application will be delayed.
Please initial any mistakes. Do not use correction fluid. We cannot accept photocopies.
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Skills Gateway for Adults on 0800 028 4844.*

Section 1 – Your new recruit fills this in

First check your eligibility – your employer can only apply for this if the following applies to you:

- you must be a resident in Wales at the date of issue of notice of redundancy and reside in Wales at the time of application and have the legal right to live and work in the UK.
- you must have become unemployed in the last three months as a result of redundancy or are under a current notice of redundancy with a leave date within the next three months.
- you must not have been in continuous new employment (16 hours or more per week) for six weeks or more in between being made redundant and applying for ReAct funding.
- you must not be undertaking (or have not undertaken since being made redundant) any training which is funded directly or indirectly by public funds. This includes, but is not exclusive to, the Welsh Government's work-based learning programmes.
- you must not be re-employed within 12 months of being made redundant, by the same company which made you redundant in the first place.

Please note that every application is assessed on its own merit and approval is at the discretion of the ReAct Team in the Welsh Government.

If you are a current or ex-director or current or ex-company secretary of the company from which you are being made redundant it is unlikely that you will be eligible for support. Please contact the Skills Gateway for Adults on **0800 028 4844** to discuss your individual circumstances.

Now please complete Sections 1 to 4. You must include evidence of your redundancy e.g. redundancy letter, and evidence of your National Insurance number, address and date of birth. If you require any advice about which documents are acceptable, please contact the Skills Gateway for Business on **03000 6 03000**. Copies will be accepted at the application stage but please make originals available for certification by the ReAct Monitoring Team following approval.

If you do not, it will delay the application.

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Employee details

National Insurance number:

Mr Mrs Miss Ms or other title _____

Surname: _____ First names: _____

Home address: _____

Postcode: _____

Date of birth: ____ / ____ / ____

Home telephone number:

Mobile telephone number:

E-mail address: _____

Please tick your language preference for communications:

English

Welsh



I WILL
fill in the **form** together

Complete this form jointly with
your prospective employer

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 Skills Gateway for Adults on 0800 028 4844.

Q7 Are you of European Union or other migrant status? A migrant is classed as a person who has changed their country of residence for a period of at least a year to the UK, but is not a citizen of the UK. Please tick one box only.

- 1 Yes (from a European Union country)
- 2 Yes (from a non-European Union country)
- 3 No
- 4 Prefer not to say

Q8 What is the highest qualification (or equivalent) you hold?

Please tick one box only.

- 1 No formal qualifications
- 2 Credit & Qualifications Framework for Wales (CQFW) Level 1:
 NVQ Level 1 up to 4 O Levels; GCSE grade D–G; CSE grade 2–6 or equivalent; Qualifications and Credit Framework (QCF) Level 1; GNVQ Level 1; GSVQ foundation Level 1; BTEC; RSA other; City and Guilds Level 1; YT certificate; YTP certificate; Key Skills Qualification 1; O Level D-E; Welsh Baccalaureate Foundation; Essential Skills qualification Level 1.
- 3 Credit & Qualifications Framework for Wales (CQFW) Level 2:
 Welsh Baccalaureate National; Foundation Apprenticeship Level 2; GNVQ intermediate Level 2; RSA diploma; City and Guilds craft; BTEC Level 2; O Levels A-C; GCSE grade A*– C; QCF Level 2; Essential Skills qualification Level 2; CSE grade 1 or equivalent; Advanced Welsh Baccalaureate.
- 4 Credit & Qualifications Framework for Wales (CQFW) Level 3:
 International Baccalaureate 1; GNVQ Advanced; A Level; AS Levels or equivalent; RSA advanced diploma; OND, ONC, QCF Level 3; BTEC; National City and Guilds advanced craft; Access to HE qualification 1; Apprenticeship Level 3; Certificate of Higher Education.
- 5 Credit & Qualifications Framework for Wales (CQFW) Level 4:
 HNC; Higher Apprenticeship Level 4; HND; QCF Level 4; Intermediate HNC/HND.
- 6 Credit & Qualifications Framework for Wales (CQFW) Level 5:
 Foundation Degree; Higher Apprenticeship Level 5; QCF Level 5; Honours Degree.

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Section 3 – Redundancy details

Name of employer / company from which you were (or will be) made redundant:

Address of employer / company from which you were (or will be) made redundant:

Postcode: _____

Name of contact at employer / company from which you were (or will be) made redundant:

Telephone number:

E-mail address: _____

Start date of employment: ____ / ____ / ____ Date of redundancy: ____ / ____ / ____

Nature of contract:

- 1 Permanent
- 2 Fixed term
- 3 Temporary

Are you, or have you ever been, a director or a company secretary of the above employer / company?

- 1 Yes
- 2 No

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Q1 Which of the following best describes the job from which you were (or will be) made redundant? Please tick one box only.

- 1 Manager or senior official
- 2 Professional occupation
- 3 Associate professional or technical occupation
- 4 Administrative or secretarial occupation
- 5 Skilled trades occupation
- 6 Personal service occupation
- 7 Sales and customer service occupation
- 8 Process, plant and machine operatives
- 9 Elementary occupations (e.g. cleaner, labourer, refuse worker)

Q2 Which of the following best describes the industry/sector of the employer from which you were (or will be) made redundant? Please tick one box only.

- 1 Agriculture, forestry and hunting
- 2 Mining and quarrying
- 3 Manufacturing
- 4 Electricity, gas, steam and air conditioning supply
- 5 Water supply, sewerage, waste management and remediation activities
- 6 Construction
- 7 Wholesale and retail trade; repair of motor vehicles and motorcycles
- 8 Accommodation and food service activities
- 9 Transportation and storage
- 10 Information and communication
- 11 Financial and insurance activities
- 12 Real estate activities
- 13 Professional, scientific and technical activities
- 14 Administrative and support service activities
- 15 Public administration and defence; compulsory social security
- 16 Education
- 17 Human health and social work activities

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- 18 Arts, entertainment and recreation
- 19 Other service activities
- 20 Activities of households as employers; undifferentiated goods and services producing activities of households for own use
- 21 Activities of extraterritorial organisations and bodies

Q3 Have you been employed for six weeks between the date of being made redundant and the intended start date of this employment? Please tick one box only.

- 1 Yes (please give details below) 2 No

Name of employer / company: _____

Contact name at employer / company: _____

Address of employer / company: _____

Postcode: _____

Telephone number:

E-mail address: _____

Date employed from: ____ / ____ / ____ to ____ / ____ / ____

Please tick one box only to indicate the number of hours per week.

- 1 Fewer than 16 hours
- 2 16 hours or more

Q4 Have you carried out any training between the date of your redundancy and the date of this application? Please tick one box only.

- 1 Yes (please give details below) 2 No (go to Section 4)

Name of training provider: _____

Date training completed: ____ / ____ / ____

Title of training course: _____

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Q5 Who paid for this training? Please tick one box only.

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Your previous employer | 2 <input type="checkbox"/> Public funds
(for example European Social Fund) |
| 3 <input type="checkbox"/> Local authority | 4 <input type="checkbox"/> You paid for it yourself |
| 5 <input type="checkbox"/> Free course | 6 <input type="checkbox"/> Don't know |
| 7 <input type="checkbox"/> Other (please give details below) _____ | |

Section 4 – Recruit declaration

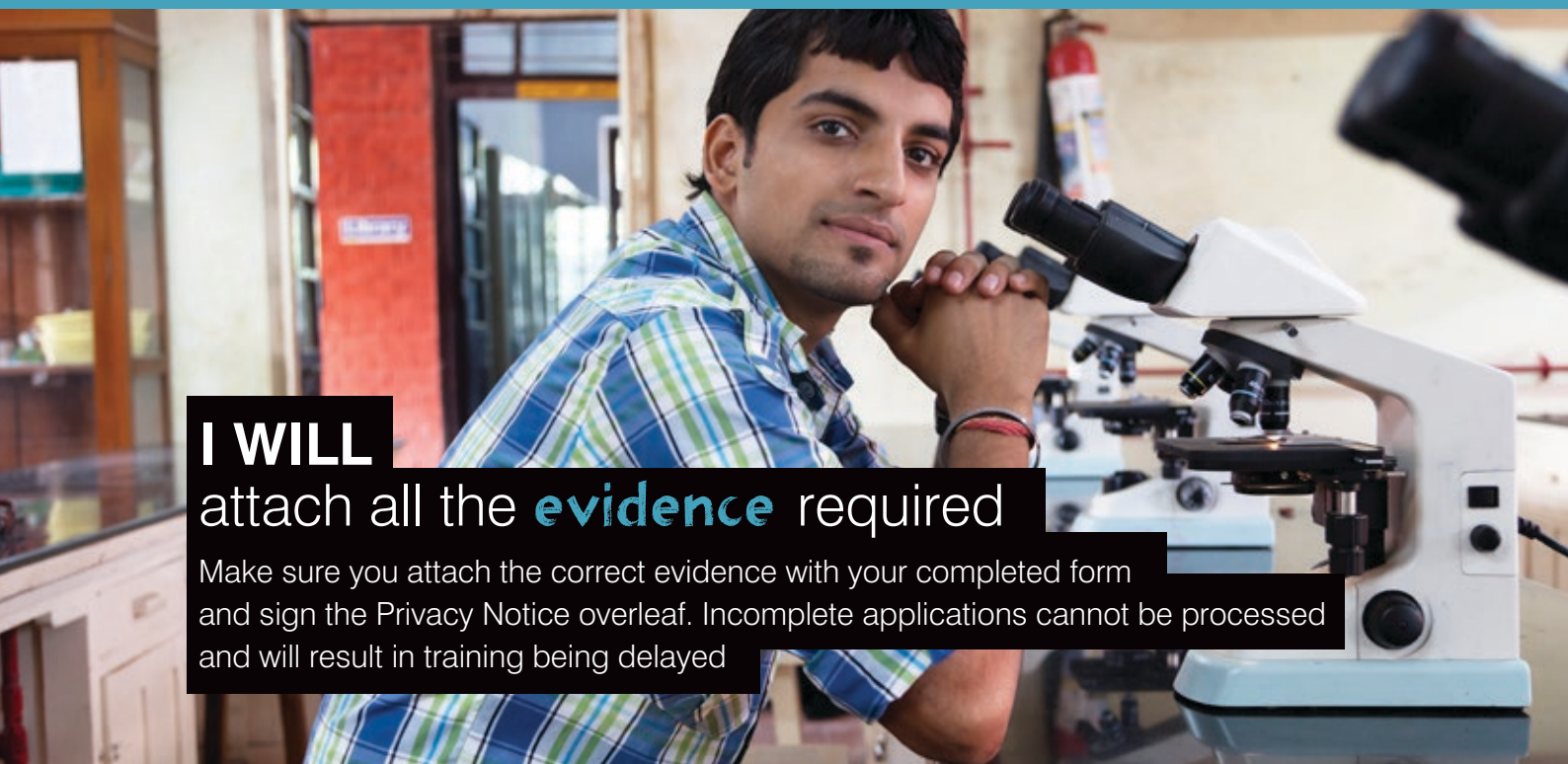
- I confirm that the details shown in Section 1, 2 and 3 of this application form are correct.
- I confirm that I have not started work for this employer.
- I am aware that you may contact me to discuss any part of this application or any training I have received and I agree to provide any information asked for.
- I confirm that I have read and signed the Privacy Notice on page 14.

Name (BLOCK CAPITALS): _____

Signature: _____ Date: ____ / ____ / ____

I WILL
attach all the **evidence** required

Make sure you attach the correct evidence with your completed form and sign the Privacy Notice overleaf. Incomplete applications cannot be processed and will result in training being delayed



Privacy Notice

In order for you to receive support from the ESF funded ReAct programme the Welsh Government is required to collect information from you. All fields are mandatory unless otherwise stated.

All information you provide will be stored and used in accordance with the Data Protection Act.

Under the Data Protection Act 1998, you have a right to access the data the Welsh Government holds about you and to correct the information in the future. For further information please e-mail **reactenquiries@wales.gsi.gov.uk** or call **01792 765888**.

For more detail on the above, please visit **http://gov.wales/contact_us/fpcc/dataprotect2**.

This privacy notice sets out how the information will be used and who will have access to it.

The information collected will be sent to the Welsh Government/Welsh European Funding Office, and in some instances to parties working on their behalf, and used in the following ways:

- To fulfil the reporting requirements of the European Commission for European Social Fund projects.
- To monitor and report on the number of people taking part in projects and the number of people from different groups being supported (e.g. different ages, genders and ethnicities).
- By the Welsh Government and other public bodies, to carry out the funding, planning, monitoring and inspection of learning, and to produce statistical publications.
- By approved social research organisations, to carry out research, analysis or equal opportunities monitoring.
- By auditors.
- To link your records to other data sources for the purpose of evaluating the impact the project has had on the people who took part and for other research.

Research organisations will only contact a sample of individuals. If you are contacted to take part in any research/evaluation about your experience on the project the purpose of the interview or survey will be explained to you and you will be given the option to say yes or no to taking part. Your contact details will only be used for approved research purposes and in accordance with the Data Protection Act. The research organisations will delete your contact details once this approved research is complete.

By signing this form you are consenting to your information being used in the ways set out above.

Signature: _____ Date: _____

IT'S TIME
for the **employer**
to take over
and fill in this section



IT'S TIME
to **react** positively

Please make sure that every section of this form is filled in before it is sent to the ReAct Team in the Welsh Government. If any information is missing or incorrect, your application will be delayed. Please initial any mistakes. Do not use correction fluid. We cannot accept photocopies. Printed PDFs are acceptable. If you need help completing this form, contact the Skills Gateway for Business on 03000 6 03000.

Section 5 – For you as prospective employer to fill in

Mr Mrs Miss Ms or other title: _____

Surname: _____ First names: _____

Job title: _____

Company details

Name of business: _____

Address: _____

_____ Postcode: _____

Telephone number:

E-mail address: _____

Companies House registration number (if applicable): _____

VAT registration number (if applicable): _____

What is your Standard Industrial Classification (if known) or nature of business:

Please tick your language preference for communications:

English Welsh

How many people do you currently employ (full-time equivalent)? _____

Does your organisation have an equality and diversity policy/strategy?

Your answer will not affect your organisation's eligibility for support.

Yes No

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Q1 Is your company part of a group or a subsidiary of a larger business?

This information is used for the calculation of de minimis State Aid

Please tick which option applies to your business.

Option 1 – My organisation is totally independent

- My organisation does not participate in any other enterprise and
- No other organisation participates in my enterprise (autonomous enterprise)

Option 2 – My organisation is a partner enterprise

- My organisation holds at least 25% of another organisation and/or
- Another organisation holds at least 25% of my organisation (partner enterprise)

Option 3 – My organisation is a linked enterprise

- My enterprise is part of a group
- My enterprise holds more than 50% of another enterprise and/or
- Another enterprise holds more than 50% of my enterprise (linked enterprise).

Please provide details of the parent company below.

Name of the parent company: _____

Address: _____

Postcode: _____

Telephone number:

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Q2 Have you made a request for financial aid to any other source, for example a training association, industry association or any Welsh Government Department, for the individual in this application?

Please tick one box only.

- 1 Yes (please provide details below)
 2 No

Source this request was made to: _____

Reason for making this request: _____

Amount requested: £ _____.

Q3 Has your business (including all parties if partner or linked enterprise) received any 'de minimis' State Aid in the last three fiscal years (i.e. government or European funding)? Please tick one box only.

- 1 Yes (please provide details below)
 2 No

Name of organisation which granted the aid: _____

Please fill in the amount awarded and the date of the award

£ _____ awarded on ____/____/____

Reason the aid was given: _____

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Section 6 – Details of the job you are offering

I confirm that the prospective employee named in this form has the legal right to live and work in the UK and I am enclosing certified copies of the relevant evidence.

Yes No

Please contact the Skills Gateway for Business on **03000 6 03000** should you require advice about suitable evidence of this legal right.

Title of job: _____

Annual salary: £ _____ or hourly rate: £ _____

Number of hours per week: _____ Expected start date: ____ / ____ / ____

Q1 How has the job in this application become available? Please tick one box only.

- 1 Company expansion
 - 2 Previous employee resigned
 - 3 Previous employee retired
 - 4 Previous employee was made redundant
 - 5 Previous employee was dismissed
 - 6 Other (please give details) _____
- _____

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Section 7 – Training support

- We will only consider your application for employer training support if you are also applying for employer recruitment support. Please read the guidance notes for this support.
- We will only consider external training delivered by an external training provider.
- Please note that the claim for payment for training cannot be made until the 26-week measurement date has been reached.
- We will require evidence of time spent on training completed at the claim stage in the form of attendance records signed by both the training provider and your employee. A template will be supplied with the Employer Training Claim Form.
- Please provide details of the training the person needs in this section on the following pages.

Training activity 1

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ . _____

Telephone number:

E-mail: _____

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Training activity 2

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ : _____

Telephone number:

E-mail: _____

Training activity 3

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ : _____

Telephone number:

E-mail: _____

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Training activity 4

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ : _____

Telephone number:

E-mail: _____

Training activity 5

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ : _____

Telephone number:

E-mail: _____

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Training activity 6

Summary of external training activities/skills involved: _____

No. of training hours: _____

Name of external training provider: _____

Address: _____

Start date of training: ___ / ___ / ___ End date of training: ___ / ___ / ___

Cost (including VAT): £ _____ : _____

Telephone number:

E-mail: _____



IT'S TIME

to provide all the **evidence** we need

Make sure you attach the correct evidence with your completed form.

Incomplete applications cannot be processed and will result in training being delayed

Please make sure that every section of this form is filled in before it is sent to the ReAct Team in the Welsh Government. If any information is missing or incorrect, your application will be delayed. Please initial any mistakes. Do not use correction fluid. We cannot accept photocopies. Printed PDFs are acceptable. If you need help completing this form, contact the Skills Gateway for Business on 03000 6 03000.

Q1 Do any of the training courses lead to any of the following recognised qualifications? Please tick one box only per training course.

	Training course 1	Training course 2	Training course 3	Training course 4	Training course 5	Training course 6
1 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 CQFW Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 CQFW Level 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 CQFW Level 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 CQFW Level 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 CQFW Level 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 CQFW Level 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 CQFW Level 7-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 No formal qualifications

2 Credit & Qualifications Framework for Wales (CQFW) Level 1:

NVQ Level 1 up to 4 O Levels; GCSE grade D–G; CSE grade 2–6 or equivalent; Qualifications and Credit Framework (QCF) Level 1; GNVQ Level 1; GSVQ foundation Level 1; BTEC; RSA other; City and Guilds Level 1; YT certificate; YTP certificate; Key Skills Qualification 1; O Level D-E; Welsh Baccalaureate Foundation; Essential Skills qualification Level 1.

3 Credit & Qualifications Framework for Wales (CQFW) Level 2:

Welsh Baccalaureate National; Foundation Apprenticeship Level 2; GNVQ intermediate Level 2; RSA diploma; City and Guilds craft; BTEC Level 2; O Levels A-C; GCSE grade A*– C; QCF Level 2; Essential Skills qualification Level 2; CSE grade 1 or equivalent; Advanced Welsh Baccalaureate.

4 Credit & Qualifications Framework for Wales (CQFW) Level 3:

International Baccalaureate 1; GNVQ Advanced; A Level; AS Levels or equivalent; RSA advanced diploma; OND, ONC, QCF Level 3; BTEC; National City and Guilds advanced craft; Access to HE qualification 1; Apprenticeship Level 3; Certificate of Higher Education.

5 Credit & Qualifications Framework for Wales (CQFW) Level 4:

HNC; Higher Apprenticeship Level 4; HND; QCF Level 4; Intermediate HNC/HND.

6 Credit & Qualifications Framework for Wales (CQFW) Level 5:

Foundation Degree; Higher Apprenticeship Level 5; QCF Level 5; Honours Degree.

7 Credit & Qualifications Framework for Wales (CQFW) Level 6:

QCF Level 6; Nursing; Higher Apprenticeship Level 6; Professional Certificate in Education; Higher Degree e.g. MSc, MA, MBA, PhD.

8 Credit & Qualifications Framework for Wales (CQFW) Level 7-8:

Industry Qualifications e.g. Chartered Accountants; Higher Apprenticeship Level 7; Higher Apprenticeship Level 8; Post Graduate Certificate in Education; QCF Level 7; QCF Level 8.

Section 8 – Employer declaration

- I confirm that the details shown in Sections 5, 6 and 7 of this application form are correct.
- I confirm that the prospective employee named in this form has the legal right to live and work in the UK and I am enclosing certified copies of the relevant evidence.
- I have read and understood the ReAct Guidance Notes.
- The employee is not following any other publicly-funded training at the time of recruitment. The employee will not take part in a Welsh Government work-based learning programme while I claim ReAct funding.
- I have declared all funds applied for or received from other sources in respect of this employment.
- I understand that I cannot claim this funding if the employee starts work before my application is approved.
- I understand that you will only approve this application if funds are available.
- I understand the level of support available depends on rules regarding European State Aid.
- I understand that if I am registered for VAT work-related training will amount to 50% of the cost net of VAT but will not exceed £1,000.
- I will repay any award if any information I have provided is not correct.
- I will send evidence of continued employment and wages in the form of my P11 and payslips to claim payment. I understand that payment will be made after 13, 26, 39 and 52 weeks' employment and that no payment will be made if the employee leaves before these measurement dates are reached.
- I will supply evidence of BACS payment for all costs incurred in each claim period.
- I am aware that you may contact or visit me to discuss any part of this application or funding I have received and I agree to provide any information asked for.
- I have read and understood the conditions of receiving financial support and agree to keep to them and that the information provided by me is correct.
- I confirm that any copy documents submitted with this application form are true copies of the original documents. I have signed each document to certify that I have seen the original document and that it is a true copy.
- I confirm that I have read and signed the Privacy Notice on page 26.

Name (BLOCK CAPITALS): _____

Job title: _____

Signature: _____ Date: ____ / ____ / ____

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For more detail on the above, please visit **http://gov.wales/contact_us/fpcc/dataprotect2**.

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- To monitor and report on the number of people taking part in projects and the number of people from different groups being supported (e.g. different ages, genders and ethnicities).
- By the Welsh Government and other public bodies, to carry out the funding, planning, monitoring and inspection of learning, and to produce statistical publications.
- By approved social research organisations, to carry out research, analysis or equal opportunities monitoring.
- By auditors.
- To link your records to other data sources for the purpose of evaluating the impact the project has had on the people who took part and for other research.

Research organisations will only contact a sample of employers. If you are contacted to take part in any research/evaluation about your experience on the project the purpose of the interview or survey will be explained to you and you will be given the option to say yes or no to taking part. Your contact details will only be used for approved research purposes and in accordance with the Data Protection Act. The research organisations will delete your contact details once this approved research is complete.

By signing this form you are consenting to your information being used in the ways set out above.

Name (BLOCK CAPITALS): _____

Job title: _____

Signature: _____ Date: ____ / ____ / ____

IT'S TIME to **check** the Checklist

Before you send us your application, please make sure you have attached the following:

- redundancy letter of the person you're recruiting
- official proof of your new recruit's NI number, residence, right to work in the United Kingdom and date of birth. If you require any advice about which documents are acceptable, please contact the Skills Gateway for Business on **03000 6 03000**. At the time of application, copies will be accepted but please ensure that your recruit makes originals available for a member of the ReAct Team to certify during their visit.

Please ensure that any copy documents submitted with this application form are true copies of the original documents. Ensure you sign each document to certify that you have seen the original document and that it is a true copy.

Failure to provide these documents will result in a delay in processing your application.

Please send your completed application to:

ReAct Team
Welsh Government
Tŷ'r Llyn
Clos Llyn Cwm
Waterside Business Park
Swansea Enterprise Park
Swansea
SA6 8AH

E-mail:
reactenquiries@wales.gsi.gov.uk

IT'S TIME to **access** the SkillsGateway

If you need any help whatsoever,
don't worry. Just get in touch and
we'll give you all the advice you need.

business.wales.gov.uk/skillsgateway
03000 6 03000

Office use only

Eligibility checked by:

Name: _____

Signature: _____

Date: ____ / ____ / ____

Data input by:

Name: _____

Date: ____ / ____ / ____

Geographical Area of participant checked:

Convergence

Competitiveness

Outside Wales

ERS funding:

Approved:

Not approved:

ETS approved:

ETS funding

amount awarded: £ _____ . _____

Application authorised by:

Name: _____

Signature: _____

Date: ____ / ____ / ____