

Vocational Training Assistance Scheme (VTAS) Application for Assistance

Please tick this box to confirm that you have read and understood the Vocational Training Assistance Scheme (VTAS) [Guidance document](#).

Please tick this box to confirm that you are not currently employed by the Isle of Man Government as per the VTAS policy found in the [Guidance document](#).

If you are an **employer** applying for funding, please complete **Sections 1 and 3**.

If you are making an **individual** application, please complete **Sections 2 and 3**.

1. Employer applications only

Name of organisation

Address

Postcode

Contact name

Telephone number Email address

Nature of business Is your company VAT registered? **Yes** **No**

1a. Details of employees who require the training

Surname	Forename(s)	Previous Names (if applicable)	Date of birth	Manx Worker?	Work Permit Reference Number (if applicable)
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

2. Individual applications only

Title (Mr, Mrs, Ms, Miss, Dr, Other)

Full name

Address

Date of birth Previous Names

Telephone number Email address

Are you an Isle of Man Worker as defined in the Control of Employment Act 2014? **Yes** **No**

If you have ticked **No**, please state your Work Permit Reference Number.

Please complete the following section if you are employed. If you are not currently in employment then proceed to Section 2a.

Name of employer

Nature of business

Your current job

Will this training benefit your existing employer?

Yes

No

If you have ticked 'Yes' to the above question, please state why the application has not been made, or is not being supported by your employer

2a. Employment prospects (complete if you are currently unemployed or changing jobs)

Please provide details of likely employment opportunities as a result of this training and any employers you have approached.

3. Details of the proposed training

Course/Training Activity title

Website link to course

Name of training organisation

Award/Accreditation details

Course [RQF Level](#) (if known)

Address at which the training will be carried out

Postcode

Date training commences

DD / MM / YYYY
DD / MM / YYYY

Number of days training

Estimated training end date

Duration of training
(If greater than the number of days)

Please note that applications made on or after the course start date will not be accepted

Training Costs	Excluding VAT	Including VAT
Course/Exam/Assessment Fees	£	£

How is the proposed training relevant to you/your organisation?

I agree that the Department of Education, Sport and Culture may process, share or approach your institution directly to obtain relevant information as described below.

Legal basis	The data subject has given consent to the processing of his or her personal data for one or more specific purposes.
Shared with	Relevant education/training establishment and employment services
Retention period	Six years after completion of studies
Privacy notice	https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion

Name (please print)

Signature

Date

Please scan completed applications back to training@gov.im, or return to the below address:

The Training Services Team
Department of Education, Sport & Culture
The Slieau Whallian
Foxdale Road
St John's
Isle of Man
IM4 3AS