

# Vocational Training Assistance Scheme

**Please complete in BLOCK CAPITALS and in black ink.**

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. Organisation details (Employers applications only)

Name of organisation					
Address					Postcode
Nature of business					
Contact name					
Telephone number		Email address			
Number of staff		Is your company VAT registered?			Yes / No

## 1a. Details of employees who require the training

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

## 2. Individual applicants only

Full name					
Address					Postcode
Telephone number		Email address			
National Insurance number		Date of birth		D D / M M / Y Y Y Y	
Are you an Isle of Man Worker as defined in the Control of Employment Act 2014?				Yes	No
If you have ticked <b>No</b> , 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 answered '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			
Name of training organisation			
Award/Accreditation details			
Address at which the training will be carried out			
			Postcode
Date training commences	DD / MM / YYYY	Number of days training	Duration of training (If greater than the number of days)

Please note that applications made on or after the above 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.


Please describe the perceived benefits of this training.


Please tick this box to confirm that you have read and understood the Vocational Training Assistance Scheme Guidance Notes .

Please note that employed individuals whose employers have exceeded their annual assistance limit deemed to be undertaking training relevant and/or beneficial to their company may be exempt from the scheme until such time that the company becomes eligible for additional funding.

Following payment we may ask for feedback on the quality and overall impact of the training you have received. Please confirm you are happy to be contacted by the Department. It should be noted that any offer of financial assistance is conditional upon you complying with this request.

Name (please print)

Signature  Date

For further information or advice on completing this form please visit our website <https://www.gov.im/categories/education-training-and-careers/vocational-training-assistance-scheme/> or contact us on +44 1624 685808.

**Please return this form with any supporting documentation to:** Department of Education, Sport and Culture  
Vocational Training Assistance  
Hamilton House  
Peel Road  
Douglas  
IM1 5EP