Workforce Development Fund (WDF) Member's Declaration Form 2020-21

To be completed by each member of the partnership and returned to the lead partner for submission to Skills for Care by 26 February 2021.

Name of partnership you are joining **Each establishment can only join 1 partnership**	
Your organisation's Adult Social Care Workforce Data Set (ASC-WDS) registered name	
Your organisation's ASC-WDS ID	
Your ASC-WDS registered address (including postcode)	
Your contact name	
Phone number	
Email **(Email address must be completed or "no email" stated if you do not have an email address)**	
Your organisation's website address	
Main care service you provide	Choose an item
If other please specify here	
Number of employees in these establishments	
CQC provider ID **(must be completed or state not registered with CQC)**	
CQC location ID for this service if applicable	

If your contact details are different from above please provide your details below

Address (including postcode)	
Phone number	
Email **(Email address must be completed or "no email" stated if you do not have an email address)**	

Member's Declaration

By joining this partnership and signing the declaration below my organisation understands that the grant holder is entering into a funding agreement on our behalf and has explained the relevant terms of that funding agreement.

- I confirm that we are an adult social care employer and understand that we are only able to claim for staff and/or volunteers working within this organisation, for whom we have directly incurred costs for the specified learning, before we make a claim for funding.
- I understand that the Workforce Development Fund (WDF) is a contribution towards the costs of individuals in this organisation achieving relevant qualifications and learning programmes and that if this is combined with any other funding, the total amount claimed will be equal to or less than the total cost incurred in achieving the learning.
- I understand that I need to inform the grant holder of learning achieved and supply any relevant evidence/information that they need to claim the funding.
- I understand that I must keep clear and accurate records to evidence the funding spent and received for a period of 6 years and that I am required to supply information for audit purposes if requested by Skills for Care, the Department of Health and Social Care or a duly authorised representative working on their behalf.
- I confirm that the evidence we supply in respect of WDF claims will be accurate and reliable.
- I understand that we must fully complete and/or update the required Adult Social Care Workforce Data Set data on or after 1 April 2020 to be able to access WDF until 31 March 2021 and confirm that the account data will be an accurate reflection of our service(s) and workforce.
- I understand that funding claims for an establishment can only be made through one WDF partnership at any time. If I want to change partnerships I will resign from my existing partnership, complete a member's declaration form for the new partnership and Skills for Care will approve or decline the request.
- I will notify the grant holder if any of my establishments are no longer eligible to claim WDF
- I understand that if we claim any funds that we are not eligible for then we will have to repay the value of these claims in full to the grant holder.

☐ Tick this box to confirm you are the individual named below and you are authorised to make this declaration on behalf of this organisation.

Name	
Position in organisation	
Date of submission	

Please list all the establishments that are part of your organisation that you wish to claim funding for.

Name of establishment	Establishment address	ASC-WDS ID for this establishment	CQC location ID if applicable

Both parts of this form will need to be resubmitted if you wish to add new organisations throughout the year.

Name of establishment	Establishment address	ASC-WDS ID for this establishment	CQC location ID if applicable

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