



Employability Fund EF provider fact sheet

An EF fact sheet must be completed by the EF Provider for all contracted EF provision in each Local Employability Partnership Area in line with their contract allocation. A separate fact sheet must be completed for each Stage offered by the EF Provider. The EF Provider must submit the completed EF fact sheets to the named SDS Contract Manager for approval in advance of any start dates. Once approved the EF Provider must circulate to all EF referral organisations in the LEP area.

Title of EF Provision

Local Employability Partnership (LEP) Area

EF Stage *(Tick appropriate stage. Please note that a separate fact sheet is required for each stage)*

Stage 2 Stage 3 Stage 4

Number of EF places available *(Insert number of contracted places for the selected stage)*

Age 16-17 Age 18-24 Age 25+

EF provider name

Address and postcode

EF provider contact name

tel no.

email

Website (if applicable)

Local provider contact details *(This should be the local contact for the day to day enquiries from EF referral organisations)*

Contact name

Address

Tel no.

email

Location of EF provision *(If different from above. If multiple locations are used please detail e.g. 4 weeks in training centre and 2 weeks work placement)*

Days and hours per week and anticipated duration of EF provision *(Number of hours, days and mode of attendance indicating start and finish times, length of the course and whether it is continuous or flexible e.g. 6 weeks continuous or 8-12 weeks depending on progress)*

Start dates *(Including number of places for each start date or timescales if a rolling programme)*

Referral arrangements and requirements *(How EF provider wishes to be notified by referral organisation)*

Aim of provision (*e.g. "To prepare attendees for employment by providing underpinning knowledge of a particular sector and to provide the basic skills for that sector"*)

Content of EF provision (*e.g. pre recruitment training for a specific sector, job focussed training, employability provision, core skills, summary of support for personal development and info on work experience element*)

Qualifications (*Detail all qualifications that are available as part of the EF provision. If EF provision contains units/modules at different SCQF levels, the overall level should equate to the majority of provision (50%+)*)

Name/Code (if appropriate) of Unit/Module/SCQF rate qualification (where the qualification is not SCQF credit rates please include a brief description)	SCQF level	SCQF credit points
	Overall level	Total credit points

Proposed outcomes and potential progression routes on successful completion (*Detail linkages to other local opportunities and progression towards FE, MA, employment*)

Additional information (*Any extra information or notes regarding the EF provision e.g. application and administration requirements, minimum number of referrals required*)

SDS Contract Manager Name

Tel no. _____ email _____

EF Provider Declaration

I ensure that the information in this EF fact sheet is accurate and supported by a SDS contract for the EF. I agree to make this fact sheet available to all EF referral organisations in the relevant LEP area.

Name _____ Date _____