



## EMPLOYER RECRUITMENT INCENTIVE – 2023 / 2024 - APPLICATION FORM

**Please return completed application form to [employmentsupportteam@aberdeenshire.gov.uk](mailto:employmentsupportteam@aberdeenshire.gov.uk)**

### Information for the Individual:

Employer Recruitment Incentives (ERI) are key Scottish Government initiatives, aimed at supporting the most disadvantaged people in Scotland to progress towards, and sustain employment. The No One Left Behind and Young Person's Guarantee funding streams are jointly managed by the Scottish Government and local authorities. The ERI is a local offering, managed and administered by Aberdeenshire Council.

The information you give us on this form will be used to process your application. It will also be passed to other bodies concerned with the operation, monitoring and evaluation of this funding and/or with the provision of advice to you and/or monitoring of your progress. The reasons in which we retain and share your personal information are legally justified under the General Data Protection Regulation. For further information on this, please refer to the Aberdeenshire Council GDPR Record of Processing.

Section 1 - Employer Information			
Name of Employer			
Contact Name			
Address			
Postcode			
Telephone Number		Mobile Number	
E-Mail Address			
Number of Employees in Scotland			
VAT Registration Number			
Company Registration Number (if applicable)			
Has the Company received any <i>de minimis</i> State Aid in the last 3 years			
For further details on State Aid please refer to link below:- <a href="http://www.gov.scot/Topics/Government/Finance/spfm/stateaidrules">http://www.gov.scot/Topics/Government/Finance/spfm/stateaidrules</a>			
If so, how much?			

Are you receiving any other funding for <b>this</b> post?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details of funding	

Section 2 – Participant Information			
N.I. number			
Title		Last Name	
First Name		E-Mail	
Home Phone No.		Mob Phone No.	
Address		Post Code	
Date of Birth		Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unemployed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Start Date	
Length of unemployment	Please indicate - ___ week/s <b>OR</b> ___ month/s <b>OR</b> ___ year/s		
Type of contract being offered	Please circle – Permanent / Fixed Term / Contract for min of 52 weeks	Job title of position	
Applicant's current highest qualification		Is this an apprenticeship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Apprenticeship qualification being offered (if applicable)			

CANDIDATE CIRCUMSTANCES/CHARACTERISTICS	
Disabled and or D/deaf person	<input type="checkbox"/>
Person experiencing mental health issues and those who have an impairment or long term health conditions	<input type="checkbox"/>
Care experienced young people	<input type="checkbox"/>
Person with a conviction (including CPO's)	<input type="checkbox"/>
Person aged over 50 years	<input type="checkbox"/>
People from Ethnic Minority backgrounds and racial groups	<input type="checkbox"/>
Gypsy/travelling communities	<input type="checkbox"/>
Person requiring additional support with language, literacy or numeracy, including those for whom English is an additional language	<input type="checkbox"/>
A young person who was receiving additional support for learning in school	<input type="checkbox"/>
Refugee or other granted leave to stay in the UK	<input type="checkbox"/>
Primary carers, with a particular focus on parents from the priority family groups: (Lone Parents, Parents or children with a disability, Parents with 3 or more children, Parents from a minority ethnic background, Parents with a child under 1 year, Families with a parent under 25 years)	<input type="checkbox"/>
Other low income parents – e.g. kinship carers	<input type="checkbox"/>
Those with no or limited work experience	<input type="checkbox"/>
Early leavers from the armed forces, veterans and ex-forces personnel	<input type="checkbox"/>
Long term unemployed who are not on Community Work Placements	<input type="checkbox"/>
Person who has failed their ESA Work Capability Assessment	<input type="checkbox"/>
Low Skilled	<input type="checkbox"/>
Homeless person – including temporary or unstable accommodation	<input type="checkbox"/>
Person affected by substance misuse	<input type="checkbox"/>
Living in a household with children in poverty	<input type="checkbox"/>
Person living in the 15% most employment deprived SIMD geographies	<input type="checkbox"/>
Person living in an area defined as “rural area” or “vey remote rural”	<input type="checkbox"/>

<b>ELIGIBILITY REQUIREMENTS</b>	
Please answer yes or no to the answers below in the box to the left of the statement	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Participant is already in employment
Yes <input type="checkbox"/> No <input type="checkbox"/>	Participant is entering a new job or apprenticeship
Yes <input type="checkbox"/> No <input type="checkbox"/>	Participant faces significant barriers to employment
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer has received previous public funds for participant
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer is receiving additional public funds for this post
Yes <input type="checkbox"/> No <input type="checkbox"/>	Job offers minimum of 16 hours per week and is expected to last 52 weeks or more
Yes <input type="checkbox"/> No <input type="checkbox"/>	A contract of employment will be made available within the first 8 weeks of employment (note – the contract needs to be permanent or fixed term for at least 52 weeks)
Yes <input type="checkbox"/> No <input type="checkbox"/>	You will ensure that the participant receives formal training as part of their job and as part of your investment in workforce development
Yes <input type="checkbox"/> No <input type="checkbox"/>	Commit to consider paying the real Living Wage during or at the end of the ERI
Yes <input type="checkbox"/> No <input type="checkbox"/>	Ensure a safe and healthy working environment
Yes <input type="checkbox"/> No <input type="checkbox"/>	You have, or you will obtain Employers Liability Insurance
Yes <input type="checkbox"/> No <input type="checkbox"/>	You will take action to create a more diverse and inclusive workplace
Yes <input type="checkbox"/> No <input type="checkbox"/>	Your organisation has an equal opportunities policy
Yes <input type="checkbox"/> No <input type="checkbox"/>	You agree to participate in quarterly review meetings with your employee and our team
Yes <input type="checkbox"/> No <input type="checkbox"/>	You will make a commitment to retain the participant beyond the period of the ERI support.
<b>REFERRAL SOURCE</b>	
How did you hear about the Employer Recruitment Incentive?	
Are you happy for your contact details to be added to our mailing list so we can alert you to future funding opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>



### Section 3 – Application Assessment

Please answer the below questions. Your application will be scored based on the answers provided so please give as much detail as possible

Please outline why you have applied for funding; including usage, approx costs and intended timescales.

**Economic Benefits** – How does the job benefit the economy? How will a new job benefit the growth of your company as well as the local area?

**Sector potential for growth** – What is the predicted growth of the sector over the next few years? Will there be increased demand, plans to export your service etc?



**Employability Benefits** – How will recruiting the employee to benefit **them**? What training will they be provided with and will the skills learned be transferrable?

**Contract** – Please confirm type of employment contract that will be provided e.g. permanent, fixed term for 52 weeks or more; or a fixed term contract for the duration of the apprenticeship (please specify the duration of the apprenticeship) .

**Salary** – Please state the amount of hours per week the employee will be employed for and the hourly rate you intend to pay the employee. **Please note: applications will not be approved without this information.**

Amount of hours per week - \_\_\_\_\_.

Hourly rate of pay - £\_\_\_\_\_.



#### Section 4 – Your agreement with us

**Before agreeing to participate and signing below, please take your time to read this section carefully.** This sets out the reasons why we require your personal information, how long we will store it for and who we are required to share it with.

It is necessary for information relating to training, eligibility and subsequent destinations of participants (“Relevant Information”) to be passed to the Scottish Government to monitor, audit and evaluate Employer Recruitment Incentives. Evaluation may include requesting both participating individuals and employers to complete any questionnaire issued by or on behalf of Scottish Ministers. This is so we know that public money is being spent appropriately, and that we are providing the best possible support to those who need it. Any results to surveys or questionnaires will be anonymous, and will be to help us improve the service we offer.

In addition, for the purposes of monitoring Local Authority Compliance and quality assurance and to assist with policy development, the Scottish Government may wish to contact both participants and employers by post, e-mail or telephone or meet directly to discuss the support, training and outcomes facilitated under the Incentive.

By agreeing to participate in Aberdeenshire Employment CONNECT Employer Recruitment Incentives 2023/2024, I confirm that I have read and understand the contents of this section and hereby acknowledge and understand -

- (a) That the personal information I have entered into this form, and the answers to the questions above, are required to be passed to public authorities concerned with economic and/or skills development (including Scottish Ministers, the European Commission and/or government departments). We only pass your information to other organisations when it is prescribed under law, or when it is necessary for us to do so in carrying out our role as the administrators of the funding.
- (b) That public authorities listed above, may contact me either directly or through duly authorised agents to assist them in the monitoring, audit and/or evaluation of Employer Recruitment Incentives fund and the assessment of the impact of Employer Recruitment Incentives funding.
- (c) That I undertake to co-operate fully with Aberdeenshire Council and/or Scottish Government in response to any reasonable request for information concerning my participation in Employer Recruitment Incentives fund, to enable monitoring of Local Authority compliance and quality assurance and to assist with policy development.

<b>Participant Signature</b>		<b>Date</b>	
<b>Employer Signature</b>		<b>Date</b>	



**Section 5 – Declarations**

I declare that the information provided in this form is correct and the eligibility for Aberdeenshire Council Employment CONNECT Employer Recruitment Incentives 2023/2024 has been met.

<b>Print name of participant</b>		<b>Date</b>	
<b>Signature of participant</b>			
<b>Print name of employer</b>		<b>Date</b>	
<b>Signature of employer</b>			

**Official Use only:**

<b>Application reviewed by: (Print Name)</b>		<b>Date</b>	
<b>Application approved:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Reason for refusal:</b>			
<b>Signed:</b>			
<b>Position:</b>			