

Client Recruitment Incentive Application Form

GDPR

The information you give us on Part 1 and Part 2 of 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 the CRI 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 [Aberdeenshire - Business Support and Advice Privacy Notices](#)

Application Form – please complete all questions in full

Section 1: Applicant Information			
Name of Applicant			
Address			
Postcode			DOB
Telephone No		Mobile No	
E-Mail Address			
Preferred means of contact			
CRI Applicant Category	<input type="checkbox"/> Parent <input type="checkbox"/> Age 16-24, 6+ months unemployed <input type="checkbox"/> Age 25+ 12+ months unemployed		

Section 2: Employer Information	
Name of Employer	
Address	
Named Contact	

Telephone No.		Mobile No.	
E-mail address			
VAT Registration Number			
Company Registration Number			
Has the Company received any Minimal Financial Assistance in the last 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
For further details on subsidy control and Minimal Financial Assistance please refer to link below: - https://www.gov.scot/publications/subsidy-control-guidance/			
If so, how much?			

Section 3: Eligibility Requirements		
I confirm the following, the employer is / will / has:		
Registered with PAYE and can pay a new employee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide a current bank statement (within the last 3 months) to evidence cash flow to support a new entrant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Submit accurate payslips and bank statements to claim reimbursement of wages paid at the RLW	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Only select candidates matched to the opportunity by Employment CONNECT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide, or encourage, all support required for the client to enter the workplace and sustain employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employers Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide a copy of its Memorandum and Articles of Association; constitution or trust deed*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide a copy of annual accounts for the preceding financial year (unless a new body or less than 1 years old) or if no accounts are prepared, an annual income and expenditure account and statement of cash balances*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide copies of its last three bank statements to evidence cash flow to support a new entrant*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>*only required if the employer has received/will receive more than £10k of funding cumulatively from Aberdeenshire Council over three financial years including the current one</i>		
I confirm the following, the proposed job placement is:		
For a minimum of 52 weeks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For a contracted employment between 16 hours – 30 hours per week and pays at least at the RLW rate, and that the	Yes <input type="checkbox"/>	No <input type="checkbox"/>

business will fund any hours / rate in excess of this, if required.		
To fill a current vacancy or to create a new or additional role BUT does not replace any post / employee who has been made redundant and understand that this post is created to support parents with flexible hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The new entrant will be issued with a contract of employment within 4 weeks of their start date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will start before 30 th September 2025	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 4: Job Role Details

Please provide job title and a brief description of the role and list the key duties:

Please list the essential skills, experience or qualifications required for this role:

Number of hours per week:

Hourly rate of pay:

Working Pattern:

Provide details of training and in work support required



Section 5 – Your Agreement with Aberdeenshire Council

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 CRI.

Evaluation may include requesting both participating individuals and employers to complete any questionnaire issued by or on behalf of the Scottish Government and/or 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 Compliance and quality assurance and to assist with policy development, Aberdeenshire Council, 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 CRI, 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 Aberdeenshire Council, Scottish Ministers, and/or government departments); and/or awarding bodies for vocational qualifications. 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
- b) That Aberdeenshire Council, or the 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 the CRI and the assessment of the impact of the CRI.
- c) That I undertake to co-operate fully with Aberdeenshire Council in response to any reasonable request for information concerning my participation in the CRI, to enable Aberdeenshire Council to monitor compliance and quality assurance and to assist with policy development.
- d) That I am aware of the privacy information I can access and review for I can receive this in hard copy by speaking to the team at Aberdeenshire Council, or by accessing it online at [Aberdeenshire - Business Support and Advice Privacy Notices](#)

Section 6 – Applicant Declaration

I declare that the information provided in this form is correct

Signature of Applicant			
Signature of Employer			

For Office Use (Aberdeenshire Council: Employment CONNECT)

Section 7 – Approval			
I declare that this CRI application has been approved.			
Signature - Aberdeenshire Council		Date	
Name			
Category of Funding Awarded	<input type="checkbox"/> 100% salary costs <input type="checkbox"/> 75% salary costs		