**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](https://publications.aberdeenshire.gov.uk/business-support-and-advice-privacy-notice)

**Application Form – please complete all questions in full**

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| **Section 1: Applicant Information** |
| Name of Applicant |  |
| Address |  |
| Postcode | DOB |
| Telephone No |  | Mobile No |  |
| E-Mail Address |  |
| Preferred means of contact |  |
| CRI Applicant Category | [ ]  Parent[ ]  Age 16-24, 6+ months unemployed[ ]  Age 25+ 12+ months unemployed |

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| **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 [ ]  | No [ ]  |
| 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? |  |

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| **Section 3: Eligibility Requirements** |
| **I confirm the following, the employer is / will / has:** |
| Registered with PAYE and can pay a new employee | Yes [ ]  | No [ ]  |
| Provide a current bank statement (within the last 3 months) to evidence cash flow to support a new entrant | Yes [ ]  | No [ ]  |
| Submit accurate payslips and bank statements to claim reimbursement of wages paid at the RLW | Yes [ ]  | No [ ]  |
| Only select candidates matched to the opportunity by Employment CONNECT | Yes [ ]  | No [ ]  |
| Provide, or encourage, all support required for the client to enter the workplace and sustain employment  | Yes [ ]  | No [ ]  |
| Employers Liability Insurance | Yes [ ]  | No [ ]  |
| Provide a copy of its Memorandum and Articles of Association; constitution or trust deed\* | Yes [ ]  | No [ ]  |
| 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 [ ]  | No [ ]  |
| Provide copies of its last three bank statements to evidence cash flow to support a new entrant\* | Yes [ ]  | No [ ]  |
| *\*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 confirm the following, the proposed job placement is:** |
| For a minimum of 52 weeks | Yes [ ]  | No [ ]  |
| For a contracted employment between 16 hours – 30 hours per week and pays at least at the RLW rate, and that the business will fund any hours / rate in excess of this, if required. | Yes [ ]  | No [ ]  |
| 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 [ ]  | No [ ]  |
| The new entrant will be issued with a contract of employment within 4 weeks of their start date | Yes [ ]  | No [ ]  |
| Will start before 30th September 2025 | Yes [ ]  | No [ ]  |

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| **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 |  |

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| **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: 1. 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
2. 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.
3. 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.
4. 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](https://publications.aberdeenshire.gov.uk/business-support-and-advice-privacy-notice) |

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| **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)***

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| **Section 7 – Approval** |
| I declare that this CRI application has been approved.  |
| Signature - Aberdeenshire Council  |  | Date |  |
|  Name |  |
| Category of Funding Awarded | [ ] 100% salary costs [ ] 75% salary costs |