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| --- |
| **Section 1 – Your Details** |
| **Company / Individual name:**  |
|  |
| **Address:** |
|  |
| **Key person or contact:**  |
|  |
| **Phone number:**  |
|  |
| **Email address:**  |
|  |

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| **Section 2 – Your programme proposal** |
| **Provisional title of training you wish to offer:** |
|  |
| **Please briefly describe the training and which skills shortage will be addressed.** |
|  |
| **Of the available grant (if given), how much do you intend to apply for? Approx** |
|  |
| **How would the training be delivered? (Online only / In-person only / Hybrid)** |
|  |
| **If in-person, which areas of the UK would you plan to deliver in?** |
|  |
| **Ideal recruitment start date (dd/mm/yyyy)** |
|  |
| **Ideal delivery start date (dd/mm/yyyy)** |
|  |
| **Ideal delivery end date (dd/mm/yyyy)** |
|  |

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| **Section 3 – Your delivery plan** |
| **Are you confident the programme will meet the minimum number of beneficiaries as outlined above. (Yes/No)** |
|  |
| **If you have answered “No” to the above, tell us more about not meeting the beneficiary aim.** |
|  |
| **Are you confident the programme will meet the diversity & inclusion aims as outlined above? (Yes/No)** |
|  |
| **If you have answered “No” to the above, please outline the challenges you foresee.** |
|  |
| **Please describe, in brief, the key aspects of your delivery plan, including a breakdown of your recruitment process.** |
|  |
| **Should you progress to full application, you'll be expected to submit a number of documents:****Programme outline - with a breakdown of the content.**Programme schedule - with dates for delivery (can be approximate).Trainer biosMarketing planFull budget**Are you confident of being able to submit these? (Yes/No)** |
|  |
| **If you have answered “No” to the above, what issues do you foresee?** |
|  |

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| **Section 4 – Your scope** |
| **If your training proposal focuses on technical skills, will you include professional skills within the training beyond the ScreenSkills e-learning modules outlined above? Yes/No/Not Applicable** |
|  |
| **If you answered “Yes”, what areas would this cover?** |
|  |

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| **Section 5 – Your history with ScreenSkills** |
| **Have you or your company provided training for ScreenSkills in the past? (Yes/No)** |
|  |
| **If you answered “Yes”, please list the training previously provided, along with the dates for each.** |
|  |
| **Have you taken part in any ScreenSkills Train the Trainer courses? (Yes/No)** |
|  |
| **If you answered “Yes”, please list the course(s) you attended, along with the dates for each.** |
|  |

Please save your completed form with this naming convention:

**‘EOI – [Name of tender] – [Trainer/Training Company]’**

Then send your completed form via the register interest button with the same naming convention in the subject line by **the date published on the tender.**