

Expression of Interest [EOI]

Partnership Services

Please submit your completed application using the subject title 'EOI [followed by your Organisation Name]' then send to businessdevelopment@skillstraininguk.com

If you require any additional information or assistance on the completion of your application please contact Grahamclarke@skillstraininguk.com Or telephone 07940 569 377

Organisational Details	
Name of Organisation	
Company Registration and/or Charity Number	
VAT Registration	
UKPRN	
Company Website	
Contact Address	
Post Code	

Contact Details	
Named Contact	
Position	
Email Address	
Telephone Number	
Mobile Number	
Company Fax Number	

Organisation Type and Status			
Private Limited Company	<input type="checkbox"/>	Public	<input type="checkbox"/>
Third Sector	<input type="checkbox"/>	Social Enterprise	<input type="checkbox"/>
Consortium	<input type="checkbox"/>	Other (Please specify):	

Delivery Areas of Interest			
London – if yes please state in which boroughs:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
South East – please state in which Local Authorities:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Any other areas? Please provide details:			

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Please provide an overview of your organisation, including history, number of employees and experience delivering employment and skills programmes (max 1000 words).

Have you have previously worked in partnership with Skills Training UK? If yes, please provide details (max 300 words)

Services Offered (you may select multiple boxes)

End-to-End Provision able to deliver all aspects of the service in a specific geographical area.

Specialist End-to-End Provision able to deliver all aspects of the service to a specific customer group across one or more geographical areas.

Specialist Support Services able to provide specific elements of service to particular customer groups (e.g., lone parents, health, disability, graduate, self employment)

Training Provider able to deliver specific or general employment/skills focused training.

Other (please specify):

Please indicate which customer groups you have experience working with

Long term unemployed

Yes

No

Young people and NEETs

Yes

No

Over 50s

Yes

No

BME groups

Yes

No

Customers with mental or physical health issues

Yes

No

Customers with alcohol or substance abuse issues

Yes

No

Customers with basic skill needs

Yes

No

Customers with ESOL needs

Yes

No

Customers with learning difficulties

Yes

No

Lone parents

Yes

No

Carers

Yes

No

Customers experiencing homelessness

Yes

No

Offenders/ Ex-offenders

Yes

No

Service/Ex-service personnel

Yes

No

Other (Please specify):

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Quality Assurance			
Do you currently hold or are working towards any of the following accreditations, standards or quality kite marks?			
ISO 27001	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Investors in People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Matrix	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Positive about Disabled People (Double tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Merlin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working towards <input type="checkbox"/>
Other (Please provide details):			

Most recent Inspection Grades				
OFSTED				
Contract Inspected		Date of Inspection		
Overall Effectiveness of provision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Outcomes fro Learners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Quality of teaching, learning and assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Effectiveness of Leadership and Management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PAT				
Contract Inspected		Date of Inspection		
Full Assurance/Strong				
Substantial Assurance/Reasonable				
Limited Assurance				
Nil Assurance/ Weak				

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Policies & Procedures			
Please indicate which of the following policies/procedures your organisation has in place:			
Health & Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Equality & Diversity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Data Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Safeguarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Business Code of Ethics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Fraud Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Business Continuity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Whistle Blowing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Sustainability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Complaints and Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Disciplinary & Grievance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Recruitment & Personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated:
Others:			
Has your organisation previously completed a DWP security plan (either as a Prime or Sub Contractor)?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Financial Information			
Do you have audited financial accounts for the last 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Year 1	Year 2	Year 3
Gross Turnover (£)			
Net Profit (£)			
Insurance Information			
Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value and expiry date:
Public Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value and expiry date:
Professional indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value and expiry date:

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Please provide details below of the 5 most recent contracts you have delivered

Contract Performance							
Contract / Programme / Provision	Start and End date	Prime or Subcontract	Brief description of contract	Locations of delivery	Volumes per annum	Performance target (e.g., % sustained job outcome / qualifications achieved)	Performance against targets (%)

Declaration
<p>I confirm on behalf of my organisation that I am authorised to agree this declaration and to the best of my knowledge all of answers provided herein are true and correct.</p> <p>Name:</p> <p>Job Title:</p> <p>Organisation:</p> <p>Date:</p>

Thank you for your expression of interest in working in partnership with Skills Training UK