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| **SkYE Training Fund: Concept Note** |

**Title of Proposed Training Project**:

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| **Information about the Training Provider** | | | | | | | | |
| Name of the Training Provider | | | |  | | | | |
| Contact address: please include postal address, email, tel. no. and contact person | | | |  | | | | |
| Organisation/ Company status (give registration no.) and years of operation | | | |  | | | | |
| Names and contact details of any proposed partner organisation: | | | |  | | | | |
| Brief describe the organisation’s experience in the sector including training results achieved: | | | | | | | | |
| **Information about the Training Programme** | | | | | | | | |
| Skill Sector | Length of training (months) | | Level of training (CVQ equivalent) | | | Training Certificated (Y/N) | | Training Location |
| Briefly describe the training approach and content, and the roles of any partner organisations: | | | | | | | | |
| **Information about the Trainees** | | | | | | | | |
| Total number to be trained under project | | Aged 15 – 30 (Y/N) | | | ≥35% male (Y/N)  ≥35% female (Y/N) | | ≥5% people with disabilities (Y/N) | |
| Briefly give any further background information about the intended participants in the training, including their current employment status. Explain any ‘No’ answers in the section above. | | | | | | | | |

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| **Information about Resources Required** |
| What is the estimated total budget for the proposed training: EC$  Will the Training Provider contribute ≥15% of this cost (Y/N): |
| Please provide brief information on:   1. the number of proposed trainers, their qualifications and experience. 2. the training facilities to be used for both theory and practice, off-the-job and on-the-job. |
| **Information about Employment Outcomes of Trainees** |
| 1. Please advise of the employment prospects for graduates of your training programme, providing any available supporting evidence:  2. Briefly explain how you will measure the employment outcomes of the training: |