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| Partnerships & Collaboration 2024  APPLICATION FORM |  |

Pathway Group is seeking applications from suitably qualified and quality assured organisations to join our framework of providers for the delivery of ASF and Bootcamps provision.

If you are interested in working with Pathway Group as part of our supply chain, and in order for us to comprehensively and fairly consider your application to work with us in a compliant and strategic manner, we would ask that you to complete all relevant sections of this form.

Once completed, please return this application form to: [partnerships@pathwaygroup.co.uk](mailto:partnerships@pathwaygroup.co.uk)

Please note that completion of this form does not constitute a contractual agreement between Pathway Group and yourself/your organisation.

**Assessment Criteria and Methodology**

**Weighting (for general guideline purposes only)**

Scores will be weighted in terms of importance as per the table below:

|  |  |  |
| --- | --- | --- |
| Section | Scores 0-10 | Weighting |
| 1. Experience, Track Record & Key Strengths |  | **25%** |
| 1. Local Infrastructure, Capability & Capacity |  | **25%** |
| 1. Service Offer |  | **25%** |
| 1. Quality Assurance, Inspections & Grades |  | **15%** |
| 1. Financial & Insurance Information |  | **10%** |

COMPANY INFORMATION

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation Status (Plc, Ltd, Charity etc.) |  |
| Company Registration Number |  |
| Is your organisation considered an SME? |  |
| Address |  |
| Years of Trading |  |

|  |  |
| --- | --- |
| Name/Job Title of main Contact |  |
| Contact email |  |
| Contact telephone/mobile number(s) |  |
| Website Address |  |

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| UKPRN |  |
| ICO Registration Number |  |
| VAT Registration Number |  |
| DUNS Number |  |

**COMPANY DIRECTOR(S)**

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| --- | --- | --- | --- | --- |
| Full Name | Date of Birth | Home Postcode | Email | Phone |
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**FINANCIAL INFORMATION**

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| Please provide details of your company’s turnover and profit over the last 3 years. If necessary, Pathway Group may require further financial information. | | | |
| Financial Year | **Year 1** | **Year 2** | **Year 3** |
| Turnover |  |  |  |
| Profit |  |  |  |
| Accountant Contact Information |  | | |
|  | | |
|  | | |
| Please provide details of any other similar contracts you hold | | | |
| Provider/ Funder | **Programme (including dates)** | **Learner Numbers (including achievement and progression rates)** | **Approximate Value** |
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| Please select which area of funding you are apply to delver | ASF | Yes/No | Bootcamps | Yes/No |

**GEORGRAPHIC DELIVERY AREAS**

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| --- | --- | --- |
| Please complete the following sections of this form and give us an indication of the Combined Authority / non devolved areas where you are able to deliver | Full Coverage | Part-coverage (please specify wards, boroughs, towns etc.) |
| West Midlands Combined Authority  (excluding Birmingham, Black Country and Coventry) | *Yes/No* |  |
| Greater Manchester Combined Authority | *Yes/No* |  |
| West Yorkshire Combined Authority | *Yes/No* |  |
| South Yorkshire Combined Authority | *Yes/No* |  |
| Great London Authority | *Yes/No* |  |
| Cambridgeshire and Peterborough Combined Authority | *Yes/No* |  |
| Liverpool City Region Combined Authority | *Yes/No* |  |
| West of England Combined Authority | *Yes/No* |  |
| Tees Valley Combined Authority | *Yes/No* |  |
|  |  |  |
| Non devolved areas (state local authority below) |  |  |
|  | *Yes/No* |  |
|  | *Yes/No* |  |
|  | *Yes/No* |  |
|  | *Yes/No* |  |
|  | *Yes/No* |  |

**Training Facilities**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Location(s,) Venue(s) | Permanent / Outreach | Facilities available | Number of training rooms | Average square foot of training rooms | Staff Numbers  (Please specify whether they are admin, assessors, tutors/trainers etc) | Number of customers who can be comfortably accommodated at delivery location | Transport Links |
| [Calculator](http://www.calculatorsoup.com/calculators/construction/square-footage-calculator.php) |
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Add additional lines if required

**Employer Contacts**

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| --- | --- | --- | --- | --- | --- |
| Employer | Delivery area | Postcode | Size of organisation | Describe track record of relationship | Number / type of vacancies they can offer |
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Add additional lines if required

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| QUALITY | | |
| If your application is accepted, do you agree for Pathway Group to conduct a site visit at your premises prior to the start of delivery activity? | | *Yes/No* |
| Are you a current DfE Prime or sub-contractor? | | *Yes/No* |
| If you answered ‘Yes’ to the above, what is your current Year’s funding allocation? | | *£* |
| What was the result of the most recent Provider Financial Assurance Audit? | | *Good/Satisfactory/Inadequate/NA* |
| Please provide a brief overview of your quality assurance and improvement processes (max. 250 words) | | |
|  | | |
| Do you have a Self-Assessment Report (SAR) process in place? | Yes/No | |
| Do you have a Quality Improvement Plan (QIP) in place? | Yes/No | |
| If available, please provide at least one example of how you have dealt with any underperformance of a contract and the measures you have taken to address and improve performance (maximum 250 words) | | |
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| **Standards and Accreditations** | | | | | |
| Please indicate which of the following your organisation holds or is working towards  ***(If achieved please attach copies)*** | | | | | Valid until |
| Investors in People | | Achieved ☐ Working towards ☐ | | |  |
| Merlin Standard | | Achieved ☐ Working towards ☐ | | |  |
| Matrix | | Achieved ☐ Working towards ☐ | | |  |
| ISO 27001 | | Achieved ☐ Working towards ☐ | | |  |
| ISO 9001 | | Achieved ☐ Working towards ☐ | | |  |
| ISO 14001 | | Achieved ☐ Working towards ☐ | | |  |
| Cyber Essentials Plus | | Achieved ☐ Working towards ☐ | | |  |
| Positive About Disability | | Achieved ☐ Working towards ☐ | | |  |
| **Inspections – Ofsted (if undertaken)** | | | | | |
| Please provide the following information for all inspections: | | | | | |
| Area: | Grade: | Date: | | Provision: | |
|  |  |  | |  | |
| If applicable, please provide a link to your most recent OFSTED report | | |  | | |
| The Learning Organisation must have an Ofsted rating of Good or Outstanding or a monitoring visit confirming a reasonable progress judgement covering all three themes (leadership and management, quality of training and safeguarding) as a minimum, from any of your provision.  If you are not currently in scope for Ofsted or have not yet had your first Ofsted Monitoring visit or inspection provide an acceptable explanation and confirmation that the Learning Organisation is working towards the Ofsted Education Inspection Framework (EIF) is required.  **Word limit 500 Words** | | | | | |
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| **3.5 Terminated Contracts** | |
| Have you had any contracts terminated during the past 5 years including third parties? | Yes ☐ No ☐ |
| If you have answered ‘yes’ above, please give details below: | |
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| Please provide information on any Awarding Body Accreditations | | | | | |
| Please complete the relevant boxes below | | | | | |
| Awarding Body Name | **Approved Qualifications** | **DCS Held?** | **Accreditation**  **Start Date** | **Last EV Date** | **Next EV Date** |
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# CAPACITY

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| Resources | |
| How many staff does your organisation employ? |  |
| Please list type and level of qualifications held by your delivery staff (e.g. Assessors, IQA) |  |

# DELIVERY EXPERIENCE AND SERVICE OFFER

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| Please provide a short description of your organisation, including your background and experience in delivering either Adult Skills Fund or Bootcamps, including sectors, levels covered and target groups (by age and whether you support individuals with barriers, incl. LLDD). What do you feel are your key strengths relevant to such delivery – including any particular specialism that you bring to a partnership (maximum 750 words)) |
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| Please provide details of your current/most recent contracts delivering Bootcamps, ASF, workplace learning and/or any other accredited skills training. |
| Yes/No  (If yes, please complete the table below) |

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| Contract  Start & End Dates | Programme Overview | Targets | | | | Achieved | | | | Total Funding Value |
| **Starts** | **Completers** | **Achievements** | **Outcomes (Jobs/Progressions)** | **Starts** | **Training complete** | **Achievements** | **Outcomes (Jobs/Progressions)** |
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Add additional lines if required

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| For each Qualification/Framework/Standard you currently deliver, please provide the latest published QAR data for the relevant age groups, including learner numbers and overall success rates. | |
| Sector Skills Area |  |
| 16-18 |  |
| 19-23 |  |
| 24+ |  |
| Overall |  |

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| --- | --- |
| Sector Skills Area |  |
| 16-18 |  |
| 19-23 |  |
| 24+ |  |
| Overall |  |

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| Sector Skills Area |  |
| 16-18 |  |
| 19-23 |  |
| 24+ |  |
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| Sector Skills Area |  |
| 16-18 |  |
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| 24+ |  |
| Overall |  |

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| Sector Skills Area |  |
| 16-18 |  |
| 19-23 |  |
| 24+ |  |
| Overall |  |

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| If your application to become a sub-contractor to Pathway Group was successful, we would provide the DfE with learner data via PICS. Can you confirm that you agree to this reporting process for your learners? |
| Yes/No |

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| Are you currently using an e-portfolio system for data recording and reporting? If so, please provide details. |
| Yes/No |
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| Please specify whether you have any additional funding to support the needs of your learners and how you have used/are using this to complement any DfE funding. |
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| Outline what you wish to deliver under ASF Funded Provision (complete columns as relevant) | | | | | | |
| Title of the programme / qualification/Standard | **Awarding**  **Body** | **Learning Aim(s)** | **Qualified**  **Assessor**  **(Y/N)** | **Qualified Internal Verifier (Y/N)** | **DCS (Y/N)** | **Date of last**  **External**  **Moderation visit** |
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| Please provide information on any other subject areas in which you have delivered skills training  (maximum 250 words) |
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| Question to be completed for Bootcamp offer only | | | |
| If your organisation has experience in delivering Bootcamps, please provide a detailed overview, including the following information:   1. The specific model(s) of Bootcamp delivery your organisation has adopted (if applicable). 2. The style of delivery (e.g., online, face-to-face, blended learning). 3. The number of employers you have partnered with for Bootcamp delivery. 4. Your organisation’s capacity to deliver Bootcamps, including learner volumes and geographic reach. 5. Whether the Bootcamp(s) offered are accredited or non-accredited. 6. The total number of guided learning hours provided per Bootcamp. 7. How your organisation assesses learner "distance travelled" (learner progress and skills gained throughout the Bootcamp), completion rates, and progression into employment or further training.   If your organisation has not previously delivered Bootcamps, please outline any relevant experience in delivering similar training programmes or initiatives, and how you would approach Bootcamp delivery, including the model, style of delivery, capacity, and your methods for assessing distance travelled, completion, and progression into employment.  (maximum 750 words) | | | |
|  | | | |
| Please indicate below which sectors you can deliver Bootcamps *(tick those that apply)* | | | |
|  | Engineering and Manufacturing - Pathway to Lean Manufacturing - Bootcamp |  | Digital (general) – Cyber Security Digital Bootcamp |
|  | Sales, Marketing & Procurement - Digital Marketing- Digital Marketing Bootcamp |  | |

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| Please provide a short description of local networks and links to other services, stakeholders, referral partners that would be relevant for participants in the specified geographical areas. In particular, please specify your existing links with employers, LEPs, Local Authorities and Colleges, as well as other training providers. (maximum 250 words) |
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| Please provide an indication of the contract value, indicative number of starts (annual) and earliest start date for each of the service to be offered |
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| If you have NOT previously delivered any Bootcamps or ASF learning provision, please explain why Pathway Group should consider you as a potential sub-contractor for this provision (maximum 250 words) |
|  |

# REFERENCES

|  |
| --- |
| Please provide details of two references for similar work that you have delivered in the past academic year, including their names, position and contact details and who Pathway Group may contact as part of this assessment process. The named contact provided should be prepared to confirm the accuracy of the information provided below. If you are not able to provide references, please explain. |

|  |  |
| --- | --- |
| Name of customer organisation  Point of contact in customer organisation  Position in the organisation  Email address  Telephone |  |
| Contract Name  Contract start date  Contract completion date |  |
| Contract Value |  |
| Brief description of service  (100 words maximum) |  |

|  |  |
| --- | --- |
| Name of customer organisation  Point of contact in customer organisation  Position in the organisation  Email address  Telephone |  |
| Contract Name  Contract start date  Contract completion date |  |
| Contract Value |  |
| Brief description of service  (100 words maximum) |  |

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| **Evidence Check List** | **Evidence attached** |
| Evidence of UKPRN registration |  |
| Evidence of ROATP registration |  |
| Evidence of ICO registration |  |
| Audited Financial Accounts (Three Years) |  |
| Employers, Public and professional Indemnity Insurance Certificates |  |
| Staff competency (CV’s) and CPD logs |  |
| DBS for Staff engaged with delivery |  |
| Awarding Body registrations |  |
| Latest EQA reports for the area you are/would be delivering |  |
| Evidence of Direct Claims Status (if applicable) |  |
| Up to date Organisational chart |  |
| Most Recent Self Assessment Report |  |
| Most Recent Quality Improvement Plan |  |

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| **Policies** | | | |
| Please indicate the internal policies which your organisation currently holds  ***(Please attached all relevant policy documents )*** | | | |
| **Policy** | **Yes** | **No** | **Date due to be updated** |
| Fraud Prevention |  |  |  |
| Business Code of Ethics |  |  |  |
| Health & Safety |  |  |  |
| Environmental Sustainability Policy and Plan |  |  |  |
| Equal Opportunities & Diversity |  |  |  |
| Disciplinary & Grievance |  |  |  |
| Data Security / GDPD Data Protection Policy |  |  |  |
| Anti-Bribery Policy |  |  |  |
| Dealing with Vulnerable Adults |  |  |  |
| Safeguarding Policy |  |  |  |
| PREVENT Policy |  |  |  |
| Whistle Blowing |  |  |  |
| Safety and Work Placements |  |  |  |
| Business Continuity Plan |  |  |  |
| Quality Assurance/Continuous Improvement Policy |  |  |  |
| Assessment and Verification Policy |  |  |  |
| Observation of Teaching, Learning and Assessment (OTLA) policy |  |  |  |
| Complaints Policy |  |  |  |
| Appeals Policy |  |  |  |
| Recruitment and Personnel |  |  |  |
| Staff Professional Training and Development |  |  |  |

**Note: Remember to read the EOI carefully as failure to supply information and/or supporting evidence may lead to your application being declined**

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| **Declarations** | |
| Has a receiving or administrative order or winding up order been made against the organisation, or an individual, or has a winding up order been passed, or has a receiver, manager, administrator or equivalent been appointed? | Yes  No |
| If you have answered ‘yes’ above, please provide more detail and an explanation **otherwise enter N/A:** | |
|  | |
| Have any of the directors or senior managers of the organisation been found guilty of fraud, been involved in any company which has had a winding up order or had an administrator appointed, or been disqualified from being a director? | Yes  No |
| If you have answered ‘yes’ above, please provide more detail and an explanation **otherwise enter N/A:** | |
|  | |
| Are there any legal proceedings, including bankruptcy or winding up petitions, in progress that might affect the performance of contract obligations, or has the organisation been prosecuted under EU or national law in the last three years? | Yes  No |
| If you have answered ‘yes’ above, please provide more detail and an explanation **otherwise enter N/A:** | |
|  | |
| Has the organisation ever failed to fulfil any obligations regarding payment of social security obligations, payment of UK taxes, possession of a licence, or membership of an organisation where the law of the state required it? | Yes  No |
| If you have answered ‘yes’ above, please provide more detail and an explanation **otherwise enter N/A:** | |
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# APPLICANT DECLARATION

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| --- | --- |
| ‘I confirm that I am authorised to make this declaration. I confirm that I have answered all of the sections 1-9 of this application form to the best of my knowledge and believe to be true .’  I accept that of later any information is found to be false or misleading my application and subsequent contract maybe subject to termination. | |
| Organisation |  |
| Name |  |
| Job Title |  |
| Date |  |
| Electronic signature  (Typed name will suffice) |  |