

As well as being a member of CATSC, before claiming WDF funding organisations must complete this member's declaration form also.

Last updated April 2018

**WDF Member's Declaration Form 2018/2019**

NMDS-SC ID

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To be completed by each member of the partnership and returned to the lead partner for submission to Skills for Care

Your organisation's NMDS-SC registered name	
Your contact name	
Number of employees in these establishments	
CQC provider id (must be completed or state not registered with CQC)	
Main care service you provide	Choose an item: <table border="1" style="width: 100px; height: 20px;"></table>
Name of partnership you are joining Each establishment can only join 1 partnership	
Your NMDS-SC registered address (including postcode)	
Phone number	
Your organisation's website address	
CQC location id for this service if applicable	
Email (Email address must be completed or "no email" stated if you do not have an email address)	

**If your contact details are different from above please provide your details below**

Address (including postcode)	
Phone number	
Email (Email address must be completed or "no email" stated if you do not have an email address)	

**Member's Declaration**

By joining this partnership and signing the declaration below my organisation understands that the grant holder is entering into a funding agreement on our behalf and has explained the relevant terms of that funding agreement.

- I confirm that we are an adult social care employer and understand that we are only able to claim for staff and/or volunteers working within this organisation, for whom we have directly incurred costs for the specified learning, before we make a claim for funding.
- I understand that the Workforce Development Fund (WDF) is a contribution towards the costs of individuals in this organisation achieving relevant qualifications and learning programmes and that if this is combined with any other funding, the total amount claimed will be equal to or less than the total cost incurred in achieving the learning.
- I understand that I need to inform the grant holder of learning achieved and supply any relevant evidence/information that they need to claim the funding.
- I understand that I must keep clear and accurate records to evidence the funding spent and received for a period of 6 years and that I am required to supply information for audit purposes if requested by Skills for Care, the Department of Health and Social Care or a duly authorised representative working on their behalf.
- I confirm that the evidence we supply in respect of WDF claims will be accurate and reliable.
- I understand that we have to fully complete and/or update the required National Minimum Data Set for Social Care (NMDS-SC) data on or after 1 April 2018 to be able to access WDF until 31 March 2019 and confirm that the account data will be an accurate reflection of our service(s) and workforce.
- I understand that funding claims for an establishment can only be made through one WDF partnership at any time. If I want to change partnerships I will resign from my existing partnership, complete a member's declaration form for the new partnership and Skills for Care will approve or decline the request.
- I will notify the grant holder if any of my establishments are no longer eligible to claim WDF
- I understand that if we claim any funds that we are not eligible for then we will have to repay the value of these claims in full to the grant holder.

Tick this box to confirm you are the individual named below and you are authorised to make this declaration on behalf of this organisation.

Name	
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For each person that you submit a claim for, complete this coversheet.

Make sure all information is given, as without it the processing claim time will be longer.



**CAHSC WDF QCF Claim Form 2018/19**

Please complete this form for each candidate

**ALL** boxes need to be completed for successful administration of your funding application.

Candidate Name:	
Candidate Registration Number:	Candidate Unique Learner Number (ULN):
Payment Organisation:	Contact Person:
Number of Employees:	CQC Number:
Payment Address (with postcode):	If different, employee workplace address and postcode:
Bank details  Account Name: Sort Code: Account Number:	Training Provider (if attaching unit summary sheet):  Awarding body i.e City and Guilds: (if attaching certificate)
NMDS-SC reg number: D	Telephone Number:
<p><b>Important Guidelines:</b> Please attach evidence of units completed. This evidence must comprise of either individual <u>unit summary sheets</u> OR <u>a copy of the certificate</u>.</p> <ol style="list-style-type: none"> <li>1) Unit summary sheets must be signed and dated individually by the verifier and the candidate.</li> <li>2) Copies of certificates being used as evidence <b>MUST</b> contain the following information: <ul style="list-style-type: none"> <li>○ Candidate name</li> <li>○ Candidate registration/enrolment number</li> <li>○ Name of units completed</li> <li>○ Our unit code as per the Units Code List (<b>write the short unit codes on the certificate – eg. HSC 2015</b> further examples on the CAHSC website)</li> <li>○ The date of the certificate must fall within our advertised dates for the funding year, so 1<sup>st</sup> January 2018 – 31<sup>st</sup> March 2019</li> <li>○ Name of awarding organisation</li> <li>○ Name of training provider or centre number</li> </ul> </li> </ol>	
<p>Have you received Skills for Care Funding before? (Through CAHSC):</p> <p style="text-align: center;">Yes <span style="margin-left: 200px;">No</span></p> <p style="text-align: right;">(if no, please attach the completed Partnership Form)</p>	
Position in Organisation:	Employer's Signature: Date:



Level 2 Diploma in Health and Social Care (Adults) for England (Generic)  
**501/1306/9**



↑  
 check that codes are eligible for funding.

is awarded to  
 [Redacted]

who attended  
**t2 Group**

This holder has a number of formal Unit Credits by which this Award was achieved



Make sure that the qualification is dated from 1<sup>st</sup> January 2018 to 31<sup>st</sup> March 2019 but be sure to get your claims in before 15<sup>th</sup> March 2019 to allow processing time.



Awarded 26 April 2018

[Redacted]

Chris Jones  
 Director-General  
 The City and Guilds of London Institute

Kirstie Donnelly MBE  
 Group Director  
 City & Guilds



The City and Guilds of London Institute is the awarding body / awarding organisation for City & Guilds qualifications. The Institute was founded in 1878 and granted Royal Charter in 1900. City & Guilds is a City & Guilds Group business.

Awarded by



The City and Guilds of London Institute



# CERTIFICATE OF UNIT CREDIT

Level 2 Diploma in Health and Social Care (Adults) for England (Generic)



is awarded to



who attended  
**t2 Group**

Translate the RITS code (\*) into the highlighted code with the 'Unit Code Lookup List'. Write them on the certificate.

and was successful in the following 18 modules



Regulated by



For more information see <http://register.ofqual.gov.uk>

Level 2 Introduction to communication in health, social care or children's and young people's settings (3 Credits)	F/601/5465	Pass	SHC 021
Level 2 Introduction to personal development in health, social care or children's and young people's settings (3 Credits)	L/601/5470	Pass	SHC 022
Level 2 Introduction to equality and inclusion in health, social care or children's and young people's settings (2 Credits)	R/601/5471	Pass	SHC 023
Level 2 Introduction to duty of care in health, social care or children's and young people's settings (1 Credit)	H/601/5474	Pass	SHC 024
Level 2 Principles of safeguarding and protection in health and social care (3 Credits)	A/601/8574	Pass	HSC 024
Level 2 The role of the health and social care worker (2 Credits)	J/601/8576	Pass	HSC 025
Level 2 Implement person centred approaches in health and social care (5 Credits)	A/601/8140	Pass	HSC 026
Level 2 Contribute to health and safety in health and social care (4 credits)	R/601/8922	Pass	HSC 027
Level 2 Handle information in health and social care settings (1 Credit)	J/601/8142	Pass	HSC 028
Level 2 Provide support for mobility (2 Credits)	H/601/9024	Pass	HSC 2002
Level 2 Support individuals to eat and drink (2 Credits)	M/601/8054	Pass	HSC 2014
Level 2 Support individuals to meet personal care needs (2 Credits)	F/601/8060	Pass	HSC 2015
Level 2 Support individuals to manage continence (3 Credits)	J/601/8058	Pass	HSC 2016
Level 2 Move and position individuals in accordance with their plan of care (4 Credits)	J/601/8027	Pass	HSC 2028



continued

Awarded 26 April 2018



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Group Director  
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# CERTIFICATE OF UNIT CREDIT

Level 2 Diploma in Health and Social Care (Adults) for England (Generic)



is awarded to



### continuation

Level 2 Meet food safety requirements when providing food and drink for individuals (2 Credits)	T/601/9450	Pass	HSC 2029
Level 2 The person centred approach to the care and support of individuals with dementia (2 Credits)	H/601/2879	Pass	DEM 202
Level 3 Understand the administration of medication to individuals with dementia using a person centred approach DEM 305 (2 credits)	K/601/9199	Pass	DEM 305
Level 3 Understand the role of communication and interactions with individuals who have dementia (3 Credits)	L/601/3539	Pass	DEM 308



For more information see <http://register.ofqual.gov.uk>



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