A cover of a book

Description automatically generated­­

**West Berkshire Council Community Education Fund (Round 40)**

**Full Bid Proposal Form**

* ***Please read the bid guidance notes to help you complete this form.***
* ***Complete sections A, B and C.***
* ***Section A is scored. Section B contains due diligence information and is not scored. Section C is for signature.***
* ***Submit your bid by email to*** [***aclteam@westberks.gov.uk***](mailto:aclteam@westberks.gov.uk) ***by 5pm Friday, 25th October 2024.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation:** |  | **Address:** |  |
| **Project Title:** |  | **Postcode:** |  |
| **Project Manager:** |  | **Telephone:** |  |
| **Finance Manager:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Total Number of Adult Learners** |  |
| **Total Funding Requested** |  |

**SECTION A**

**(*Questions 1-6 are scored*)**

All Community Education Fund supported provision is delivered in line with the Ofsted Education Inspection Framework. This approach reflects the 3Is: Intent, Implementation and Impact that underpin the planning, delivery and evaluation of the community learning service.

**INTENT:**

|  |  |
| --- | --- |
| 1. **Project Overview** | |
| 1. **Priority Groups** | |
| Round 40 of the Community Education Fund supports the English Language progression of families from the Afghan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). | |
| 1. **Project Aims** *(List the main aims of your project).* | |
|  | |
| 1. **Project Description** *(Describe the project/course programme. Include any previous experience of engaging and/or delivering to this target group.* | |
|  | |
| 1. **Identifying local need and working in partnership** | |
| 1. **Describe how you have identified the need for your programme/course.** | |
|  | |
| 1. **Describe how you will work with other organisations to reach your target groups and deliver your project.**   *List any partners.* | |
|  | |
| **Name of Partner** | **Role in project** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IMPLEMENTATION:** | | | | | | |
| 1. **Delivery Plan *(Complete the delivery plan below)*** | | | | | | |
| **Project/Course Title** | **Venue** | **Start date** | **No. of sessions** | **Hrs per session** | **Learner Numbers** | **Total**  **Funding**  **Requested** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| 1. **Delivering** **Personalised Learning** |
| Describe your approach to personalised learning**.** *How will you ensure the course takes into account individual experiences and needs?* |
|  |

**IMPACT**

|  |
| --- |
| 1. **Success and Progression** |
| 1. Describe how you will know that your project has been successful. |
|  |
| 1. Describe how you will support learners to progress in their learning. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Value for Money** | | | | |
| **Proposed Spending Plan**  *For programmes with more than one course, please complete a separate column for each course* | | | | |
|  | **Course 1** | **Course 2** | **Course 3** | **Course 4** |
| **Course Title** |  |  |  |  |
| **Tutor/Staff**  *(Number of teaching hours x hourly rate.* ***Please show calculations****)* |  |  |  |  |
| **Project management and administration**  *(Number of administration hours x hourly rate.*  ***Please show calculations****)* |  |  |  |  |
| **Other staffing costs**  *(e.g. supply teacher, learning support staff, caretaker)*  *(number of hours x hourly rate)* |  |  |  |  |
| **Venue costs** |  |  |  |  |
| **Travel Expenses** |  |  |  |  |
| **Resources**  *(e.g. print and stationery)* |  |  |  |  |
| **Marketing** |  |  |  |  |
| **Learner Support**  *(e.g. transport, crèche)* |  |  |  |  |
| **TOTAL Funding Requested** |  |  |  |  |

**SECTION B: Due Diligence Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Organisation Details** | | | |
| Type of Organisation | |  | |
| Registered Company Number |  | Registered Charity/CIC Number |  |
| Company Directors |  | | |

|  |  |  |
| --- | --- | --- |
| 1. **List the qualifications and/or relevant experience of your lead tutors/staff member.** | | |
| Name | Teaching Qualification | Subject Qualification(s) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Describe any relevant experience of staff members. | | |
|  | | |

|  |  |
| --- | --- |
| **9. Compliance** | |
| 1. **Health and Safety** |  |
| Describe what arrangements are in place to manage Health & Safety within your organisation. |  |
| Has your organisation been subject to any Improvement or Prohibition Notices or prosecution or been a defendant in any case brought under health and safety legislation within the last three years? |  |
| Describe what arrangements are in place for risk assessment of venues. |  |
| 1. **Equal Opportunities** |  |
| Describe how your organisation ensures that it remains compliant and up to date with the Equality Act 2010. |  |
| 1. **Safeguarding** |  |
| Describe how the safeguarding of adults (and children where relevant) is assured within your organisation. Include information on DBS checks, any Safeguarding training and radicalisation awareness training. |  |
| 1. **Data Protection** |  |
| Describe how your organisation complies with the Data Protection Act 2018. |  |
| 1. **Matrix** |  |
| Do you have Matrix accreditation? | Yes  Date of accreditation:  No |
| 1. **Sub-contraction** |  |
| Please confirm that your organisation will **not** be sub-contracting the delivery for this proposed programme. | Yes  No |
| 1. **Education and Skills Funding Agency funding** | |
| Do you receive over £100,000 from the Education and Skills Funding Agency directly as a prime contractor *and/or* indirectly through being a sub-contractor.  If yes, to the above are you on the ESFA Register of Training Organisations? | Yes  No  Yes  No |
| 1. **OFSTED** |  |
| Please state your last Ofsted inspection grade (where relevant) and the date it was achieved. | Grade:  Inspection Date: |
| 1. **Insurance** |  |
| Please state the level of public liability insurance in place |  |
| Please confirm that your organisation is not in the process of making a claim against any of your insurance policies |  |
| 1. **Conflict of Interest** |  |
| Does anyone connected with the management/directorship/ ownership of the organisation making this tender/funding application have any relationship with any councillor or employee of West Berkshire Council, or work for the council in any way? | Yes (please give details)  No |

**Section C: Declaration**

|  |
| --- |
| I, the undersigned, declare that to the best of my knowledge the answers given in our application (and any supporting information we submit) are correct.  I confirm that all partners mentioned in this bidding form are aware of their role in this project and are committed to fulfilling their role within the timescale outlined.  I agree that I and my tutor/s will attend any training suggested by West Berkshire Council to meet the Council’s quality standards.  I understand that the Council may require additional information prior to agreeing any funding and reserves the right to negotiate changes with the applicant.  I understand that the Council reserves the right to annul the application process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the applicants.  **Name : Signature:**  **Role in project: Date:** |

**Please submit your bid to** [aclteam@westberks.gov.uk](mailto:aclteam@westberks.gov.uk) **by** **5pm Friday, 17th May 2024**