APPLICATION FORM

CDS
COMMUNITY DEVELOPMENT SCHEME

Fill out all the areas that are applicable to you.

If filling out by hand, use block capitals.

Completed forms should be emailed to: cds@education.ac.fk
Or you can post them to: Education Department, Stanley

Applications must be reach us by the advertised closing date to be considered for the current period. Dates are published in the Penguin News and on Facebook.

SECTION 1: PERSONAL DETAILS

(all sections are required)

Title:		Date of Birth:	
First name(s):		Surname:	
Home tel:		Mobile:	
Email:		Work tel:	
Address:			
Current Job Title:			
Current employer:			
Have you spoken to a careers advisor?	◯ Yes	☐ No	
How did you hear about the CDS?			

This scheme is open to Falkland Islands Residents and Permanent Residence Permit Holders:
You will need to include evidence of your status with your application.

I have:	◯ Falkland Status	◯ Permanent Residence Permit

You may also be able to apply if you are aged 16-18, and have been in full time education in the Falkland Islands for at least three years. Please see the CDS guidance and/or seek advice from the Falkland College careers adviser to check your eligibility, and tick here:

I am:	◯ 16 to 18 years old

All information provided is considered private and confidential by the Education Department and is only shared to the Panel who will require it for decision making.

SECTION 2: EDUCATIONAL, PROFESSIONAL AND/OR TECHNICAL QUALIFICATIONS

Provide below details of any educational/professional/technical qualifications you already hold.
You may be required to provide proof of any qualifications listed.

Name of school, college, university, or professional body:	Dates:		Details of major subjects studied, examinations taken, qualificaions gained and grade results (if applicable):
	From:	To:	

Details of any other certificates, awards or achievements that may be relevant to your application:

SECTION 3: QUALIFICATION EXPECTED / SKILL EXPECTED

Full details of the training/study to be undertaken should be listed below.

Course title:	
Course provider:	
Awarding body:	
Qualification expected:	

Provide a brief outline of the development activity/course to be studied:

Training location:	
Point of Contact:	

Expected start date:		Expected end date:	

Any additional information:

Courses/training cannot be funded if they have started before the application has been submitted and the CDS monthly panel meeting held.

SECTION 3: CONTINUED

Answer one of the following three questions.

Please indicate how this training relates to on the skills shortage list (see appendix 1 in the Guide for Applicants)

How this qualification meets the F.I. skills needs and what these skills/qualifications will be used for:

If it is not on the skills list please provide details of why this skill is required:

Confirm the type of study/development to be undertaken. Tick the relevant box and provide a reason for this choice		
Distance/Flexible Learning	○	Enter reason here.
Full overseas study	○	Enter reason here.
Part distance/ Part residential	○	Enter reason here.
Falkland College	○	Enter reason here.
Other	○	Enter reason here.

SECTION 4: ESTIMATED TRAINING COSTS

To assist with estimating the costing of such an activity, please complete the following table. Non FIG employees who are applying for funding are reminded that they will have to to fund up to 50% of the total costs of the training themselves. Unless you work for companies with less than 10 employees and an annual Revenue under £500,000.

Identify where applicable:	Year 1	Year 2	Year 3	Year 4*
Tuition fees				
Exam fees				
Study materials (estimated)				
Living costs allowance				
Travel costs (estimated)				
Total estimated costs (auto-calculated)	£ 0.00	£ 0.00	£ 0.00	£ 0.00

* If more than 4 years of study involved, please list number of additional years and list costs accordingly.

Funding rate (tick the relevant box)

- ◯ I am an FIG employee
- ◯ I am applying for a course/activity to support a career change
- ◯ I am applying for course/activity to support my current career with a small business (100% funding rate). My employer employs 10 or fewer people, and has an annual revenue of less than £500,000.*
- ◯ I am self-employed
- ◯ I am applying for a course/activity to support my current career as a none FIG employee or to progress in my career

* If you are seeking a 100% funding rate to support your current career, we may contact your employer or run other checks to confirm that they qualify as a small business. (If the company is part of a larger group, the whole group must be below these thresholds).

Please attach a copy of your acceptance/provisional acceptance from the training provider in question.

SECTION 5: PORTFOLIO OF EVIDENCE

Please provide evidence which identifies why you think you would be successful in achieving this activity/study if given the opportunity. (Provide practical evidence to support this eg school records, teachers/managers references, testimonials, evidence of previous study, awards, certificates etc). Additional sheets may be used if necessary.

Manager/Employer
Please confirm whether you support the individual in taking up this course of study/development activity and whether you consider them capable of achieving it and why this is so.

Signed:		Date:	
Print name:		Job title:	

Recent Performance Management Rating

SECTION 6: ADDITIONAL INFORMATION TO SUPPORT THIS APPLICATION

Please use this space to provide any further information which may be relevant to this application.
(Additional sheets may be added if necessary).

Please explain your future plans and how you intend to use your skills / knowledge in the Falkland Islands:

I confirm that, to the best of my knowledge, the information contained on this form is accurate. I understand that should I be successful in this application, and subsequently not gain work within a position where this development activity is relevant within 5 years of completing the study and then remain in that position for a minimum period of 2 years, I will be liable to repay all monies awarded to me in support of this application. I agree to sign a legally binding contract to this effect.

Note: Fraudulent activity may be subject to criminal proceedings and a requirement to repay funds.

Signed:		Date:	
Print name:			

Please email completed forms to: **cds@education.ac.fk**
Postal applications to: **Education Department, Stanley**

All information provided is considered private and confidential by the Education Department.

ADDITIONAL INFORMATION

Use this page should you need to add or expand information for areas within the form.
Please indicate clearly which section you are providing additional information for.