

Name of Organisation providing this Lead:

**In confidence**

**PRE-ELIGIBILITY ENTRY FORM**

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e-mail to [l&mreferral@nbsl.org.uk](mailto:l&mreferral@nbsl.org.uk)

**PLEASE COMPLETE ALL DETAILS/QUESTIONS**

CUSTOMER DETAILS				Organisation ID (Office use)	
Organisation Contact Name	Title:	First Name:		Surname:	
Position in Organisation					
Organisation Name					
Address					
Postcode					

Please indicate which method of contact the organisation would prefer:	<i>Please enter an X in the box</i>				
	Any method		E-mail		Telephone
	Mobile		Direct Mail		Fax
E-mail Address				Mobile No.	
Telephone No.				Fax No.	

Nature of business				Sector Industry Code (SIC) (if known)	
Organisation type	<i>Please enter an X in the appropriate box</i>				
	Private Ltd Co		Partnership		Co-operative
	Voluntary		Charity		Social Enterprise
	Other		Franchise		Public Sector
	If 'Other' please state: <input type="text"/>				
Organisation size	<i>Please enter an X in the appropriate box</i>				
	No. of employees		Turnover		Balance Sheet Value
	1		< £39m		< £34m
	2-4		£39m & above		£34m & above
	5-9				
	10-249				
250+					
Is the organisation a partly or wholly owned subsidiary of a holding company?				Yes	No

Note: For larger organisations (non SMEs) or public sector organisations; please be aware only a limited % of programme budget can be allocated, and approval is subject to available funding.

**STATE AIDS:**

Public funding Regulations require us to monitor the levels of State Aid (other public funding) your organisation has received. If you are aware of receiving any such aid please list below all grants or subsidised training that your organisation has received in the past three years. (This project is delivering aid under the 'de minimis' State Aid Regulations; NBSL will check to see if other funding below is relevant.)

<b>We have been in receipt of other public funding</b> <i>Please enter an X in the appropriate box</i>	<b>Yes</b>		<b>No</b>	
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**If Yes please state:**

Date	Amount (£'s)	Funding organisation	Purpose of funding

**1<sup>ST</sup> STRATEGIC MANAGER POSITION REQUESTING ASSESSMENT**

*(Please note: previous support may render this person ineligible for this particular programme)*

<b>Details</b>	Title:	First Name:	Surname:
Please give actual position			
Has any previous <u>grant</u> support been received, for this individual, through Train to Gain Leadership & Management Specialist Support within the last 12 months?	<b>Yes</b>		<b>No</b>
Is the above individual proposing to use this programme to gain a L&M <u>accredited qualification</u> ?	<b>Yes</b>		
What is the highest qualification held by this Manager? NVQ 2, 3, 4, 5, 6, 7	<i>Please enter no.</i>		

**2<sup>ND</sup> STRATEGIC MANAGER REQUESTING ASSESSMENT**

*(Please note: previous support may render this person ineligible for this particular programme)*

<b>Details</b>	Title:	First Name:	Surname:
Please give actual position			
Has any previous <u>grant</u> support been received, for this individual, through Train to Gain Leadership & Management Specialist Support within the last 12 months?	<b>Yes</b>		<b>No</b>
Is the above individual proposing to use this programme to gain a L&M <u>accredited qualification</u> ?	<b>Yes</b>		
What is the highest qualification held by this Manager? NVQ 2, 3, 4, 5, 6, 7	<i>Please enter no.</i>		

Blue: Eligible    Yellow: Needs Clarification

The above boxes are coloured for an initial eligibility check – the final decision on eligibility will be agreed by Northumberland Business Service Ltd (NBSL).