

# Graduate Grant Application Form

Before completing this application form please read ‘**Application Guidance’**. You must complete all sections of the application form. If you require further guidance, clarification, or assistance completing your application form please contact

[Sustain&Grow@worcestershire.gov.uk](mailto:Sustain&Grow@worcestershire.gov.uk)

## Section 1: Business Basics

|  |  |
| --- | --- |
| **Business Name** | Click here to enter text. |
| **Business Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **Website** | Click here to enter text. |

## Section 2: Contact Details

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| **Named Contact at Business (Full name)** | Click here to enter text. |
| **Position in Business** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Mobile** | Click here to enter text. |

## Section 3: Business Details

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| --- | --- |
| **Company Registration Number** | Click here to enter text. |
| **VAT Number** | Click here to enter text. |
| **Business Sector** | Click here to enter text. |
| **Briefly Describe What Your Business and what it Does** | Click here to enter text. |
| **Date Business Started** | Click here to enter text. |
| **CURRENT number of employees (full-time equivalent)** | Click here to enter text. |
| **Legal Structure *(select one)*** | Sole Trader  Private Limited (LTD)  Public Limited (PLC)  Social Enterprise  Other*:* Click here to enter text. |

## Section 4: SME Status

*In order to receive support from the European Union you must meet certain requirements*

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| --- | --- |
| **Has the business got more than 250 employees? (full-time equivalent)** | YES   NO |
| **Is the business’ annual turnover more than €50million** | YES   NO |
| **Please provide your most recent annual turnover figure (£)** | £Click here to enter text. |
| **Does the business' current balance sheet exceed €43million** | YES   NO |
| **Does a separate enterprise own ≥25% of the capital or voting rights?** | YES   NO |
| **If yes, is this enterprise an SME?** | YES   NO |
| **If yes, please provide the name of this enterprise** | Click here to enter text. |
| **If your business is a branch of, or affiliated to, any other company please provide details (including business name and headquarters address):** | Click here to enter text. |

## Section 5: Graduate Employment Opportunity - Details

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| --- | --- |
| **Graduate Position Title** |  |
| **Proposed Gross Annual Salary** |  |
| **Anticipated Start Date** |  |
| **Anticipated Total Grant (50% of 6-month Gross Salary)** |  |
| **Location of the Graduate Opportunity** |  |

**Description of your Graduate Employment Opportunity**

|  |  |
| --- | --- |
| **Will this be a new position in the business?** |  |
| **Background information**  What has led to the offer of a Graduate employment opportunity? How will the role support the business? |  |
| **Job Description**  Information about the key activities the graduate will be responsible for.  (a full job description maybe attached if available) |  |
| **Person Specification**  What are the essential requirements for the role e.g. technical skills and IT skills, language skills, transferable skills, degree discipline |  |
| **Business Future**  What is the potential for the role to develop beyond the initial 12 months and how will this contribute to the future of the business? |  |

## Section 6: State Aid Declaration

**Small Amounts of Financial Assistance Allowance**

You are applying for assistance under the Small Amounts of Financial Assistance Allowance - this allowance is the equivalent of £325,000 Special Drawing Rights, to a single economic actor over any period of three fiscal years and includes any subsidy previously received as de minimis aid or as Small Amounts of Financial Assistance under Article 3.2(4) of the TCA from any subsidy awarding body.

I confirm that I have previously received the following subsidies granted as de minimis aid or as Small Amounts of Financial Assistance under Article 3.2(4) of the TCA during the current and two previous fiscal years from any subsidy awarding body:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body providing the subsidy | Value of Assistance (in £) | Date Subsidy awarded | Allowance threshold used, e.g COVID-19 Business Grants Allowance | Nature of  subsidy/aid |
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| **Signed** | This must be an officer of the company with the authority to bind the organisation in legal agreements.  Click here to enter text. |
| **Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Company or organisation** | Full legal name  Click here to enter text. |
| **Date** | Click here to enter text. |

## Section 7: Privacy Notice

***Please read and complete as appropriate***

For information on how your information is used, how Worcestershire County Council maintain the security of your information, and your rights to access information held on you, please view the Privacy Notice for the Growth & Investment and Sustainability Team on WCC's Privacy webpage: <http://www.worcestershire.gov.uk/privacy>

**Marketing**

**We will automatically keep you up to date with information about your grant or business assist, but in order to process your application, we require a response to confirm whether you wish to opt-in or opt-out to receive marketing updates and how you wish to be contacted:**

Yes, I consent to receive occasional newsletters and updates regarding services and products that I might be interested in, such as grants, funding, business support and events, from the Growth & Investment and Sustainability Teams and the contractors working on their behalf.

I consent to being contacted via the following methods:

Post  Email  Telephone

No, I do not consent to receive occasional newsletters and updates regarding services and products that I might be interested in, such as grants, funding, business support and events, from the Growth & Investment and Sustainability Teams and the contractors working on their behalf.

If you have consented to receive marketing, you may opt out at a later date. If you no longer wish to be contacted for marketing purposes, please contact: [businesssupportmarket@worcestershire.gov.uk](mailto:businesssupportmarket@worcestershire.gov.uk)

Section 8: Company Declaration *Please read each statement and sign the section 8 declaration if you agree to the terms*

* To the best of my knowledge, I confirm that the information supplied in this grant application form is correct and complete.
* I agree to provide; a copy of the offer letter including start date and a copy of the 12-month planned Training Programme within 1 month of the Graduate taking up their post.
* I agree to provide evidence of the recruited Graduate becoming permanent or notification of the Graduate leaving within a week of such an agreement.
* I understand that the grant may only be used to support the salary of the Graduate in post. The value of the grant once agreed cannot be changed.
* I agree that this application may be retained as part of the programme records.
* I have completed the privacy notice (section 7) and the De Minimis Declaration (section 6)
* By receiving a grant, you are agreeing to participate in future monitoring activities to evidence how the project is meeting its targets.
* I understand that the project must be completed in accordance with the grant agreement.
* I accept that the Project Manager has the right to refuse any request to extend the project end date.

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| **Signed** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Company or Organisation** | Full legal name  Click here to enter text. |
| **Date** | Click here to enter text. |