

# MANDATORY/SPECIALIST GRANT APPLICATION FORM (A)2024-2025

THIS FORM ONLY NEEDS COMPLETING ONCE DURING THE PERIOD 01/04/24 – 31/03/25 BY EACH SITE WISHING TO CLAIM

FUNDING Please email the completed form to [compliance@hcpa.co.uk](mailto:compliance@hcpa.co.uk). Postal applications cannot be accepted.

<b>Use this form to <span style="color: red;">APPLY</span> or to <span style="color: red;">RE-REGISTER</span> for the Mandatory Training Grant 2024/25 - Fields in red are mandatory</b>			
Name and address of Home/Site <i>(please include postcode)</i>			Postcode: <input style="width: 100%;" type="text"/>
Details for payment	Name on account:	Account no:	Sort Code:
Contact Name <i>(the person who should be contacted at your company regarding funding)</i>			
Email Address for remittance advices			Telephone no. <input style="width: 100%;" type="text"/>
Has this organisation applied for HCPA Mandatory funding in other funding periods?    YES        NO			

<b>TOTAL NUMBER OF EMPLOYEES:</b> <span style="color: red;"><i>Please include part-time staff and volunteers: the figures should represent a “head count”, NOT full-time equivalents:</i></span>						
<b><i>Please check which sort of care provision you provide</i></b>	Residential Home for Elderly Care	Domiciliary/ Home Care	Social Enterprise	Carers Group	Nursing Home	Direct Claimant
	Supported Living or Flexi Living	Residential Home for Learning Disabilities	Physical Disability Service	Mental Health Service	Substance Misuse Service	Residential Home for Sensory Impairment
<b><i>If ‘Other’ please state</i></b>						

I understand that I will be able to book external places with a Training Supplier from the **HCPA Approved Training Suppliers List** and that **internal trainers must meet HCPA’s Best Practice Standards**. I also understand that HCPA will only approve claims for face-to-face training being delivered in subjects listed on claim form B and that each course must be a minimum of 2.5 hours. **While HCPA make every effort to pay as many claims as possible, at no time has/will HCPA guarantee that funds will be paid, and funding will be paid to a maximum cap allocation per home/site.**

Print Name:	Position/Designation:	Date:
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**By filling in and returning this form you are agreeing to abide by the terms and conditions of the scheme. These are available on the HCPA website.**

***Hertfordshire Care Providers Association (HCPA) Ltd***  
in association with The Hertfordshire PVI Workforce Development Partnership (Hertfordshire County Council)

