

WDF Partnership Membership Form 2011/2012

NMDS-SC ID

To be completed by each member of the partnership and returned to the lead partner for submission to Skills for Care

Your Organisation Name (NMDS-SC Reg Name)

Your Contact Name Number of Employees in your organisation

Name of Partnership you are joining

Your NMDS-SC Registered Address

Town City

Postcode

Phone Number Fax number

Email

If your contact details are different from above please provide your details below

Town City

Post Code

Phone Number Fax number

Email Address

Members Declaration

My organisation/business is a member of this partnership and we are happy for the lead partner to enter into a contract on our behalf.

I understand that the Skills for Care funding is a contribution towards the cost of individuals in my organisation achieving relevant qualification units and that if this is combined with any other funding source the total amount claimed will be equal to or less than the total cost incurred in achieving the units

I understand that I have responsibility to inform the lead partner of qualification units achieved and any relevant evidence/information that they need to maintain financial probity and a clear audit trail on funding spent

I understand that I am only able to claim for staff and/or volunteers working within this organisation

I understand that I must keep a clear audit trail of the funding received from Skills for Care

I understand that I will need to ensure that I have fully completed and or updated the required NMDS-SC data as below:

- o If updated between 1 April 2010 – 31 March 2011, I am eligible until 30 September 2011
- o If updated after 1 April 2011, I am eligible until 30 March 2012

Name _____ Position in Organisation _____

Signature _____ Date _____