

## **Collaborative Apprenticeships - Company Level Data Capture Form**

This form should be completed by the employer and the WYCC/Partner Representative prior to any activity taking place.

### **Who should complete this documentation?**

- This form should be completed by both the **employer** (section A and B) **and the WYCC/ Partner Representative** (section C).
- The **training provider** is the organisation providing training; which may include course tutor, enrolment personnel, or any named organisation personnel.
- The **employer** is the person or organisation who has applied for funding.
- The **WYCC** is the Grant Recipient of European Union Social Funding on behalf of the participant, the training provider, and the employer.

### **What is the information collected used for?**

The information collected from this form is essential for all WYCC contracts. The provided information is used to assess the implementation and performance of ESF funded programmes and help the WYCC and partners fulfil the formal reporting requirements set out in ESF Guidelines for 2014-2020 programmes. Contact details provided on this form will be shared with the DWP and retained by WYCC for post activity survey purposes.

All personal data collected will be handled, processed and retained in accordance with the Data Protection Act 2018, the General Data Protection Regulation, DWP and ESF guidelines and WYCC regulations and contract terms.

### **How do I correctly complete and return the documentation?**

- **Sections A and B** must be completed by the **employer** and **section C** by the **WYCC/ Partner Representative**. Please complete section B for State Aid purposes.

- All mandatory fields – which must be completed are marked with an asterisk (\*).
- The form can be completed electronically or by hand, however signatures must be completed as original 'wet' signatures.
- Though we are moving towards electronic submission, please think of the environment and print in double-sided greyscale. This sheet is for reference only and is configured so that it should not print with the form. It should also not be returned with completed documentation.
- Completed document(s) must be returned by the training provider **via hand delivery or post** to the following address:

**FAO WYCC Contracting**  
**c/o Leeds City College**  
**Park Lane Campus**  
**Room A4:14**  
**Park Lane**  
**Leeds**  
**LS3 1AA**

### **Contacts**

Should you need further support when completing this application, please contact WYCC directly at [contracting@westyorkshirecolleges.ac.uk](mailto:contracting@westyorkshirecolleges.ac.uk)

**SECTION A - COMPANY DETAILS (to be completed by the Company)**

**1\* Company Name**

As per Companies House. Please also state your trading as name if applicable.

**2\* Company Address**

Please use this space to provide the company address(es); **Address 1**- The Registered Company Address and **Address 2**- The Site Address (if different to the registered company address).

**Please note;** one of these must be within the Leeds City Region.

Address 1

County:

Post Code:

Contact Number:

Address 2

County:

Post Code:

Contact Number:

**3\* Company Registration Number**

Please use this space to provide your Companies House Registration Number (if this does not apply, please state N/A).

Registration Number:

**4\* Charities Commission Number**

Please use this space to provide your Charities Commission number (if this does not apply, please state N/A).

Commission Number:

**5\* HMRC Reference Number**

If you do not have either of the above reference numbers, please use this space to provide your HMRC reference number. Please note, if you are self-employed you will need to supply this reference number (if this does not apply, please state N/A).

HMRC Number:

**6\* Size of Employer**

Please confirm the size of the employer, please **tick one**;

Micro (1-9 employees, with an annual turnover of less than €2m euro (£1.7m approx))

SME (10-249 employees, with an annual turnover of less than €50m euros (£34m approx))

Large (250+ employees, with an annual turnover of more than €50m euros (£34m approx))

The number of employees corresponds to the number of annual working units (AWU) i.e. full time equivalent (FTE) during one year with part-time and seasonal workers being fractions of AWU. The reference year is to be the last approved accounting period.

The turnover and balance sheet total thresholds are those of the last approved 12-month accounting period. In the case of newly established enterprises whose accounts have not been approved, the thresholds shall be derived from a reliable estimate made in the course of the financial year.

## **SECTION B - STATE AID DE MINIMIS (to be completed by the Company)**

### **STATE AID RULES**

Where activity is supporting individuals to improve their employability and help them move closer to the labour market the aid is being provided to the individual and there are no direct benefits for enterprises. However, for those elements which provide support to individuals in employment there may be State Aid implications because their employers are receiving support towards the cost of training. Where funding supports individuals in employment to achieve full or part qualifications this may constitute an aid. The De Minimis Regulation enables an enterprise to receive up to €200,000 euros in aid (any public resources including ESF) over three fiscal years. Providing such aid is given within the De Minimis rules there is no requirement to notify it to the Commission.

To ensure that the requirements of the De Minimis Regulation are met, scheme administrators must ensure that any award of funding and other public match funding to an enterprise given under the terms of the De Minimis block exemption does not breach the €200,000 ceiling over three fiscal years. Member states are required to keep detailed records of any De Minimus Aid paid for 10 years.

This applies to the total amount of De Minimis aid to a single recipient from all sources of De Minimis aid. De Minimis aid cannot be given towards the same costs that are being supported under another block exemption or notified scheme if it means that the total aid would exceed what is allowed under the block exemption or notified scheme. De Minimis aid could be given for separate costs however.

Organisations using the De Minimis rules must put in place a monitoring system to ensure the limit is not breached. Typically, such a monitoring system will involve:

- Asking enterprises receiving support under their scheme to identify all other sources of support (either in cash or in kind) that they have received in the last three years;
- Checking if previous De Minimis Aid is involved, to ensure that the combined assistance does not exceed €200,000 over any three-year rolling period. If the limit is breached, the aid may have to be reduced or refused to ensure the limit is not breached.

The Department for Business, Energy and Industrial Strategy (formerly Business Innovation and Skills) State Aid branch advises writing to each recipient in the following terms: "The assistance for [...] constitutes State Aid as defined under Articles 107 and 108 of the Treaty on the Functioning of the European Union of Rome and is being granted as 'De Minimis' Aid under Commission Regulation (EU) No 1407/2013. European Commission rules prohibit any undertaking from receiving more than €200,000 euros (approximately £147,000) 'De Minimis' Aid over a rolling three-year period. Any 'De Minimis' Aid granted over the €200,000 limit may be subject to repayment with interest. If you have received any 'De Minimis' Aid over the last three years (from any source) you should inform us immediately with details of the dates and amounts of aid received. Furthermore, information on this aid must be supplied to any other public authority or agency asking for information on 'De Minimis' Aid for the next three years."

Whilst De Minimis rules are straightforward in principle they are difficult and complex to operate in practice because they are not project related and as such rely on individual enterprises being able to identify how much aid and under which schemes they have received support over a rolling three-year period. Where enterprises have exhausted their aid ceilings under De Minimis, there is no capacity for further aid. The full text of the De Minimis regulation can be consulted for definitive guidance and can be accessed through the Europa website.

**7\* De Minimis Declaration**

Please complete statement/table; any European Social Fund (ESF) provision that provides training or support to employers or their employees that is not freely available to all (i.e. eligibility rules apply) must be declared as a State Aid under De Minimis rules.

I declare that the financial amount of De Minimis Aid received by the company over the last three fiscal years is:

2018/19	£	<input type="text"/>
2019/20	£	<input type="text"/>
2020/21	£	<input type="text"/>
Total	£	<input type="text"/>

**8\* Company Statement**

I sign below to confirm that the information supplied is correct to the best of my knowledge.

I consent to the data supplied being used, shared and retained for the purposes of the project within the boundaries set out in the Privacy Notice, which can be accessed on the WYCC and Gov.uk websites; <https://www.westyorkshirecolleges.co.uk/> and <https://www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter>

Employer Representative Name:	<input type="text"/>	Signature:	<input type="text"/>
Position Within Company:	<input type="text"/>	Date:	<input type="text"/>
Employer email address	<input type="text"/>		

**SECTION C - EMPLOYER ELIGIBILITY CHECK (to be completed by WYCC/Partner Representative)**

**9\* Company Eligibility Check**

Please confirm the type of State Aid that the employer is being claimed under, please **tick**;

De Minimis

Please confirm that the applicable information has been provided and attached for verification of company eligibility.  
If applicable, please **tick more than one box**;

Companies House Registration Number (for Ltd Companies, Ltd Liability Partnerships (LLP) and Ltd Partnerships (LP))

Charities Commission Number (for Charities)

HMRC Reference Number (for all organisations not registered with Companies House or Charities Commission, including self-employed)

In signing the below, I confirm that the required information has been fully completed, checked and is correct to the best of my knowledge.

Partner Representative Name:		Signature:	
Position Within Company:		Date:	

**WYCC Use Only:**

Company Eligibility evidence has been checked and verified by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sign: \_\_\_\_\_