

Meaning of words in the Training Agreement

Some words have special meanings, as shown here:

“Participant”	means the person named in Section 1
“you”, “I”	and related words mean the person who signs the relevant Section 6, 7 or 8
“SDS”, “we”	and related words mean The Skills Development Scotland Co. Limited
“Employer”	means the organisation named in Sections 4 and 7
“Provider”	means the organisation named in Sections 2 and 8, which holds the contract with SDS to provide the NTTF THTD Programme to the Participant
“NTTF THTD Programme” or “Programme”	means the National Transition Training Fund Tourism & Hospitality Talent Development Programme funded by SDS

Section 1 - Participant Details

First Name	
Middle Name	
Last Name	
Date of Birth	
National Insurance (NI) Number	
Email Address	
Mobile Phone Number	
Home Phone Number	
Preferred Method of Contact	SMS Text Email
Postcode	
Street 1	
Street 2	
Town / City	
Area of Scotland	Highlands and Islands Lowlands and Uplands South of Scotland

Section 2 - Training Details

Name of Training Provider	
Start Date	
Expected End Date	
NTTF Sector	Tourism and Hospitality

Planned Activity

Please tick one from below

- An 8 Module course of supervisory training
- A 6 Module course of management training
- A 6 Module course of leadership training

Please tick any number from below

- Leading by example
- Decisiveness
- Leadership skills
- Managing performance
- Driving for results
- Strategic thinking

Section 3 - Participant History and Status

Highest SCQF level held:
(choose one from 18 options SCQF Level 1 - 12, VQ 1 - 5 or None)

Employment Status

- Employed
- Self Employed / Freelancer

Section 4 - Employment Details *(If unemployed move directly to Section 5)*

Job Title	
SOC Code <small>Select from - https://www.ons.gov.uk</small>	
Current Role length <i>(how long have you been in your current job role with your current employer?)</i>	
Less than 1 month	1 - 3 months
4 - 6 months	7 - 9 months
10 - 12 months	more than 13 months
don't know / can't remember	

Employer Company Name	
Employer Address 1	
Employer Address 2	
Employer Address 3	
Employer City / Town	
Employer County	
Employer Country	
Employer Post Code	
Employer Contact Name	
Employer Contact Phone	
Employer Contact Mobile	
Employer Contact Email	
SIC Code	
NTTF Employer Banding	SME (1 - 249 employees) Large (250+ employees)

Section 5 - Provider Custom Data

Reference 1	Reference 5
Reference 2	Reference 6
Reference 3	Reference 7
Reference 4	

Section 6 - Information for the Participant and Participant Acknowledgement, Commitment and Declaration to SDS

This section explains:

- how SDS will use your personal data
- your requirement to co-operate with SDS, and
- the eligibility criteria you must meet to start as a Participant

Information accuracy and exchange

Some information about you must be passed to us by people like the Provider and the Employer. We explain why in our Privacy Notice about the Programme on our website. The information includes the information set out in this Training Agreement, details of your achievements and progress, your records of work and portfolios related to your training, and what you do after your training finishes. We call this the “relevant information”. We may share it with other bodies, as described in our Privacy Notice.

- I confirm I have read and understood this section of the Training Agreement entitled “Information accuracy and exchange” and acknowledge that the relevant information will be passed to SDS and used as described in its Privacy Notice for the NTTF THTD Programme, and
- I declare that the information in pages 1, 2, and 3 of this Training Agreement is accurate.

Co-operation

SDS or SDS’s partners or agents may contact you by text message, post, email or phone, or meet you directly to:

- monitor your Provider’s compliance
- monitor your Provider’s quality assurance
- monitor validation of your Provider’s claims for payment
- develop policy about skills training
- discuss matters connected with your training

I confirm I have read and understood this section of the Training Agreement entitled “Co-operation” and;

- a. agree to co-operate with SDS and any of SDS’s partners or agents who may contact me to assist SDS and SDS’s partners in the monitoring, audit and evaluation of the Programme and its impact
- b. agree to co-operate fully with SDS (and SDS’s agents) in response to any text or other message request for information to help SDS to verify the Provider’s claims for payment relating to my participation in the Programme, and
- c. agree to co-operate fully with SDS (and SDS’s agents) in response to any reasonable request for information about my participation in the Programme, to help SDS to monitor the Provider’s compliance and quality assurance, measure outcomes and to assist with policy development

Eligibility for the Programme

To become a Participant, you must meet certain minimum criteria which are set out below. Your Provider must explain them to you.

I confirm I have read and understood this section of the Training Agreement entitled “Eligibility for the Programme” and declare that;

- a. the Provider’s Representative named in Section 8 has explained and discussed the eligibility criteria that apply to me in the Programme
- b. at the date I start the Programme, the following are true and accurate:
 - i. I live in Scotland
 - ii. I am over 16
 - iii. I am employed in the Tourism and Hospitality sector or its supply chain
 - iv. I am not:-
 - subject to an employment restriction on my stay in Great Britain
 - subject to a funding restriction on my stay in Great Britain that would apply to the National Transition Training Fund in Scotland
 - in custody as a prisoner or on remand in custody
 - on any other employment, education, training or enterprise programme funded by any UK and/or Scottish Government department and/or SDS (subject to any exceptions published by SDS from time to time). Among these programmes would be the Modern Apprenticeship Programme

Full name of the Participant	
Signature of the Participant	
Date of Signing	

Section 7 - Information for the Employer and Employer Acknowledgement, Commitment and Declaration to SDS. If the Participant is self employed / freelancer they must complete this Section 7 as the Employer

By placing the Participant in the Programme, you, as their Employer, should be aware that the following acknowledgements, commitments and declarations apply:

Personal data about the Employer's staff (including the Participant)

Personal data (a) about training the Participant under the Programme, and (b) containing contact details of any Employer staff (collectively, "relevant information"), may be passed to SDS for the purposes set out in SDS's Privacy Notice relating to the Programme, which can be found on the SDS website.

I acknowledge on the Employer's behalf that in relation to personal data about the Employer's staff (including the Participant), the relevant information will be passed to SDS and used as described in SDS's Privacy Notice for the Programme.

Eligibility for the Programme

To place the Participant in the Programme, you must meet certain minimum criteria which are set out below. I confirm on the Employer's behalf that at the date the Participant starts the Programme, the following are true and accurate:

The Participant is employed by the Employer and:-

- their main employment and normal working premises are in Scotland.
- is not required or expected to undertake the Programme in addition to their contracted number of working hours.
- is under a contract of employment in the Tourism and Hospitality Sector or its supply chain.
- this training/development is required to support the upskilling of the Participant.

Other Dealings with the Employer

SDS may:

- request the Employer to complete any questionnaire issued by or on behalf of SDS or Scottish Ministers to help evaluate the Programme.
- disclose the Employer's contact details to other public bodies concerned with quality assurance to enable them to contact the Employer regarding their respective functions.
- contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time.
- wish to contact the Employer (perhaps through nominated agents) to discuss matters associated with the training of participants generally.

On the Employer's behalf in relation to the section of the Training Agreement entitled "Other Dealings with the Employer" and the Employer's role in supporting the Participant, I;

- acknowledge that the Employer's contact details may be used by SDS to contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time.
- acknowledge that the Employer's contact details may be disclosed to other public bodies concerned with quality assurance to enable them to contact the Employer regarding those bodies' functions.
- agree that the Employer will co-operate with and help SDS and its partners or agents in monitoring, auditing and evaluating the Programme and the assessment of the Programme's impact.
- agree that the Employer will participate fully with the Participant and the Provider in the Participant progress review process.
- agree that the Employer will co-operate fully with SDS (and SDS's agents) in response to any request for information, to enable SDS to validate its claims for payment concerning the Participant's part in the Programme.
- agree that the Employer will co-operate fully with SDS and SDS's agents and any independent quality assessor body, in response to any reasonable request for information about the participation in the Programme by the Participant and the Provider, to help SDS (and SDS's agents and any independent quality assessor body) to monitor Provider compliance and quality assurance, to measure outcomes and to help with policy development; and
- confirm that the Employer details set out in the Training Agreement and the training and employment status details for the Participant entered on the Training Agreement are correct.

Employer Company Name	
Signature of the Employer's representative	
Full name of the Employer's representative	
Position held by the Employer's representative	
Date of Signing	

Section 8 - Information for and signature of the Provider

On behalf of the Provider, I:

- i. declare that this Training Agreement has been completed in consultation with the Participant and the Employer, and that the details are correct.
- ii. declare that I have explained to the Participant all the eligibility criteria in the NTTF THTD Programme Specification.
- iii. declare that I am satisfied that at the date of my signature below, the Participant confirmed that they met all the eligibility criteria.

Training Provider	
Signature of the Provider's representative	
Full name of the Provider's representative	
Position held by the Provider's representative	
Date of signing	