**A white oval with a black background with a white oval with a black text

AI-generated content may be incorrect.Pathways to Work – Trailblazer**

**Remake Learning Days Grant Application Form**

South Yorkshire is now taking an unprecedented step to tackle economic inactivity. By aligning health, employment and skills services, **Pathways to Work** will drive system-wide change which will allow people to overcome their individual barriers to (re)enter or remain in the workplace, contributing to the region’s ambition to reduce economic inactivity from 25.5% in 2023 to under 20% by 2028/29for people aged 16+.

**Pathways to Work funded Remake Learning Days grants are for VCFS groups, organisations and businesses to develop new and engaging learning activities for people aged 16+, with a particular focus on those who are not in employment.\*** The activities must be engaging, inclusive, accessible, spark curiosity and passion and promote the development of both technical, practical, life and socio-emotional skills. Where possible the experiences should align to one or more of the following themes: STEM, maker, creative, arts, outdoor learning and professional development. If you would like any help or advice in planning your learning activity or filling in this form, then please email [remake.learning@doncaster.gov.uk](mailto:remake.learning@doncaster.gov.uk)

*\*Due to the focus of Pathways, any funded activity must have a focus on providing opportunities for people aged 16+, with a particular focus on engaging with people not in employment. However, this does not mean that activity needs to exclusively target this cohort. In order to evidence that target cohorts are benefitting from the funded activity, grantees are required to ensure participants complete an engagement form prior to delivery.*

**Applications close on 09/05/2025**. Please submit all applications to [Remake.learning@doncaster.gov.uk](mailto:Remake.learning@doncaster.gov.uk)

All questions must be completed. Any applications that are not fully completed will not be considered.

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| **\*Q1. Name of group or organisation** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **\*Q2. Application Checklist**  *Please tick the applicable boxes* | | | | | | | | | | | |
| **Yes** | **No** | | **Questions** | | | | | | | | |
|  |  | | Do you have a business/organisation bank or building society account? | | | | | | | | |
|  |  | | Have you undertaken appropriate safeguarding training within the last two years? | | | | | | | | |
|  |  | | Have you completed a Risk Assessment for the activities you plan to deliver? | | | | | | | | |
|  |  | | Do you hold a Public Liability Insurance policy that you would be able to share with City of Doncaster Council within 5 days of request? | | | | | | | | |
|  |  | | Do all persons within your organisation who will be involved in delivering the event hold a valid DBS certificate? | | | | | | | | |
|  |  | | Do you commit to completing a Host Evaluation Survey and issue Participant engagement forms? (these will be provided) | | | | | | | | |
|  |  | | Do you commit to promoting your activities and events and including the branding stipulated by City of Doncaster Council within your promotional materials? | | | | | | | | |
| If you have ticked No to any of the above we would advise that you please contact [Remake.learning@doncaster.gov.uk](mailto:Remake.learning@doncaster.gov.uk) to discuss your application before submitting | | | | | | | | | | | |
| **\*Q3. Contact Details** | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | |
| **Position:** | | | |  | | | | | | | |
| **Telephone Number(s):** | | | |  | | | | | | | |
| **Email Address:** | | | |  | | | | | | | |
| **Address & Post Code:** | | | |  | | | | | | | |
| **\*Q4. Bank Details** | | | | | | | | | | |
| **Name of Bank (e.g. NatWest)** | | | | | |  | | | | |
| **Group/Organisation name as it appears on bank account:** | | | | | |  | | | | |
| **Sort Code:** | |  | | | **Account number:** | | |  | | |
| **\*Q5. Tell us about your organisation**   * Size of organisation * What is your primary focus? * Do you have experience of delivering learning activities? If so, please give brief details * Do you have experience of delivering activities or services to those aged 16+/economically inactive cohorts? | | | | | | | | | | |
|  | | | | | | | | | | |
| **\*Q6.** **Describe your learning event or activity**  Please include details of:   * The nature of the learning activities you will be delivering * What the learning aims of the activities are (*What skills these will develop? Will the activities encourage participants to think about future career options?)* * How you will make efforts to ensure the event is accessible and inclusive | | | | | | | | | | |
|  | | | | | | | | | | |
| **\*Q7 Who will your activity benefit and how? (Will your activity be targeted at those aged 16+? Will it engage those who are currently unemployed? What outcomes will it achieve?)** ***Please make reference to any education, training, volunteering, employment or work experience opportunities this might enable participants to access*** | | | | | | | | | | |
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| **\*Q8. Do you intend on collaborating with other groups/organisations to deliver this activity?**   * If so, please provide details below | | | | | | | | | | |
|  | | | | | | | | | | |
| **\*Q9. What size grant would you like to apply for?**  (Small: £50-£200, Medium: £200-£500, Large £500+. Please refer to the application advice document for further guidance)  **Please give a breakdown of costs associated with delivery (Cost breakdown template below)** | | | | | | | | | | |
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| **Description:** | | | | | | | | | **£ per item/activity** | | |
|  | | | | | | | | | **£** |  | |
|  | | | | | | | | | **£** |  | |
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|  | | | | | | | | | **£** |  | |
| **Total grant requested :** | | | | | | | | | **£** |  | |
| **Total contribution from you, or any other funder (this is optional):** | | | | | | | | | **£** |  | |
| **Total cost of activity:** | | | | | | | | | **£** |  | |
|  | | | | | | | | | | |
| **\*Q10. Please provide further details about the event(s)/activities you hope to run:** | | | | | | | | | | |
| **How many sessions do you intend to deliver?** | | | | | | |  | | | |
| **What is the expected capacity at each event?** | | | | | | |  | | | |
| **How do you intend to promote your event?** | | | | | | |  | | | |
| **Please provide the date and time of your event(s)/activities**  (These should fall between 22nd – 31st May 2025 (inclusive) | | | | | | | **Date/s :** | | | |
| **Please provide the location(s) of your event(s)/activities If your event will be held virtually please specify.** | | | | | | | **Address:** | | | |
| **If require assistance in finding an appropriate venue to hold your event(s)/activity please indicate here** | | | | | | | Yes  No | | | |
| **Will your event be free for participants to attend? If not, what will the fee be?** | | | | | | | Yes  No  Cost per person (If applicable) = | | | |
| **Will your event be bookable? If so, how will participants book on?** | | | | | | | Yes  No  Bookable via: | | | |
| **\*Q11. Please select the *primary* learning theme your event/activity relates to:** | | | | | | | | | | | |
| Arts  Creative/Maker  Environment/Outdoors  STEM (Science, Technology, Engineering and Mathematics)  Professional Development | | | | | | | | | | | |

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| **Declaration:**  **This document will be used for monitoring and auditing purposes in line with City of Doncaster Council’s Financial Rules.**  **I hereby declare on behalf of** Click or tap here to enter name of group/organisation **that:**   * The information given on this form is correct to the best of my knowledge * The organisation/group is a constituted group * Any grant made by the Council to the organisation in response to this application will be used for those activities of the organisation for which the grant is given and in accordance with the objectives of the organisation * The organisation/group will keep record of grant spending and will make evidence available for inspection by Council Officers on request. * The individual/group will maintain regular communication with the Council, and will allow the Council to visit/view the activity upon request * The organisation/group will share and complete evaluation forms as part of the event/activity and ensure feedback is collected * Should the grant be awarded, the amount will be recorded in the organisation’s annual accounts * All appropriate safeguarding policies/ procedures are followed throughout the delivery of the event * No member of the organisation’s management committee has any relationship with serving members and/or officers of the Council   **I also understand that:**   * Details of this application will be shared with third parties associated with the delivery of Remake Learning Days * Payment or refusal of a grant lies entirely within the Council’s discretion * The award of the grant by the Council on this application will not necessarily commit to a further grant in the future.   **I confirm that the group/organisation named on the front of this application, has authorised me to sign on its behalf. I can confirm that the information given in this form is true.**  **Please note:** City of Doncaster Council is subject to the Freedom of Information Act 2000, among other legislation. Most of the information you supply to the Council may be made public.   |  |  | | --- | --- | | Full Name: |  | | Position in Group: |  | | Date: |  | | Signature: |  |   **Please return the completed form along with the following documents:**   * Bank Statement dated within the last 6 months * Health and Safety Statement/Policy * Safeguarding Statement/Policy * Risk Assessments for the Activities * Evidence of completed safeguarding training and details of the Designated Safeguarding Lead * DBS register of staff and volunteers running the event * Public Liability Insurance documents * Evidence to support your application   **If these are not included with your application, we will not be able to consider the grant.**   |  |  | | --- | --- | | **By email to:** | Remake.learning@doncaster.gov.uk | | **By post to:** | Sean Fearn, Children Families and Young People, Civic Office, Waterdale, Doncaster, DN1 3BU | | **Please note:** Successful applicants will be required to sign and return a Grant Agreement before any grant can be paid by the Councill. | | |