

Workforce Development Fund (WDF) Organisation Declaration Form 20 -2

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Your ASC :'6 registered address (including postcode)	
Your contact name	
Phone number	
Email (Email address must be completed RU ³QR HPDLO´ VWDWHG LI email address)	
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Main care service you provide

If other, please specify	
Number of employees	
CQC provider ID (must be completed or state not registered with CQC)	
CQC location ID for this service if applicable	

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

Address (including postcode)	
Phone number	
Email (Email address must be completed RU ³QR HPDLO´ VWDWHG LI email address)	

### Organisation Declaration

I confirm that we provide an adult social care service and directly employ care staff within England and understand that we re only able to claim for paid staff working within this organisation, for whom we have directly incurred costs for the specified learning, before we make a claim for funding.

I understand that the Workforce Development Fund (WDF) is a contribution towards the cost of individuals in this organisation achieving relevant qualifications and apprenticeships and that if this is combined with any other funding, the total amount claimed will be equal to or less than the total cost incurred in achieving the learning.

I understand that claims can only be made for qualifications and apprenticeships which started on or before 31 March 2024.

I understand that we must keep clear and accurate records to evidence the funding spent and received for a period of 6 years and that we are required to supply information for audit purposes if requested by Skills for Care, the Department of Health and Social Care or a duly authorised representative working on their behalf.

I confirm that the evidence submitted in respect of WDF claims will be accurate and reliable.

I understand that we will need to ensure that we have fully completed and or updated the required Adult Social Care Workforce Data Set data after 1 April 2024 to meet the ASC-WDS requirements for WDF until 31 March 2025 and confirm that the account data will be an accurate reflection of our services and workforce.

I confirm that Skills for Care will be notified in the event that any of our workplaces are no longer eligible to claim WDF.

I understand that if we claim any funds that we are not eligible for we will have to repay the value of these claims in full to Skills for Care.

Tick this box to confirm you are the individual named below and you are authorised to make this declaration on behalf of this organisation.

Name	
Position in organisation	
Date of submission	

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Name of  
RNSDFH

:RNSDFH address

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WRNSDFH



Name of ZRUNSODFH	:RUNSODFH address	\$ 6 & : ' 6 , ' I R U W K L V Z R U N S O D F H	CQC location SID D F H Applicable