**KCF Expression of Interest Form (blank form for information purpose only)**

## Section 1 - Eligibility Criteria

**Consortium composition**

Does the Vocational Education and Training consortium comprise of one (1) Vocational Training Institute (school, other educational or training institute) and at least two (2) enterprises?

○ Yes

○ No

**Operation**

Have the Vocational training Institute and enterprises operated for at least for 2 years?

○ Yes

○ No

**Only proposal**

Are the Vocational Education and Training Consortium partners only represented in one project proposal per call?

○ Yes

○ No

**Training places**

Does the proposed training provide training places for at least 30 learners per year or commitment for at least 15 workplace training places for the first year and commitment for at least 30 workplace training places in the second and subsequent years?

○ Yes

○ No

**Total number of training places**

Does the proposed project not increase the total number of training places in the Vocational Training Institute by more than 50%?

○ Compliant

○ Non-compliant

**Ethnic minority groups**

The proposed project proposal does not exclude any ethnic minority group from the offered training?

○ Compliant

○ Non-compliant

**Licence/accreditation**

Is the Vocational Training Institute licensed/accredited by the country's relevant authority?

○ Yes

○ No

**Formally recognized qualification**

Does the proposed training lead to a formally recognized qualification in line with respective national legal requirements?

○ Yes

○ No

**Insurance**

Have all learners within the existing training programmes arranged accident insurance for their participation at in-company training or will be arranged one for the newly planned training programmes in line with the national regulations?

○ Yes

○ No

**Requested funding**

Does the requested funding range between EUR 150,000 and EUR 600,000?

○ Yes

○ No

## Section 2 - Information on Vocational Training Institute

**Vocational Training Institute**

**Name**

**Address**

**Telephone**

**Email**

**Website**

**Legal representative**

**Contact person/Cooperative Training coordinator on behalf of Vocational Training Institute**

**Institute accreditation/approval number**

 **Vocational Training Institute - main characteristics**

**Type of VTI (select from drop-down menu)**

**Ownership of the VTI (select from drop-down menu)**

**Specialization of the VTI (select from drop-down menu)**

**Number of total staff**

**The number of teachers**

**The current number of students**

**Number of students enrolled in the past three years**

**Short profile of VTI**

Prepare a short overview of the educational profiles, occupation's training, courses, organization and experience with the academic/training programmes.

**Grants and other aids received in the past three years**

Please specify the approved amount, utilization, main purpose of funding

**Please insert up-to-date experience from the cooperation with enterprises, list all relevant enterprise partners**

**VTI has no liability towards credit bureau, tax and employment authorities**

○ Yes

○ No

**If you have any, please provide an explanation**

## Section 3 - Information on VET Consortium Enterprises

**Please note that in case of two participating enterprises the applicant provide information for Enterprise 1 and Enterprise 2.**

**Enterprise 1 details**

**Name**

**Address**

**Telephone**

**Email**

**Website**

**Legal representative**

**Contact person/training coordinator on behalf of the enterprise**

**Tax registration number**

**Enterprise 1 - Main characteristics**

**Legal form (select from the drop-down menu)**

**Activity**

**Economic Sector (select from the drop-down menu)**

**Category of enterprise**

As per country definitions

○ Small

○ Medium

○ Large

**Number of total staff**

**Number of managerial staff**

**Number of technical staff**

**Awarded certificates and qualifications: i.e. ISO, Training License**

**Short profile of the enterprise**

Prepare a short overview of the business activities, position and experience in the market, resources, training needs, cooperation with VTIs, and planned contribution to the Consortium.

**Enterprise has no liability towards credit bureau, tax and employment authorities**

○ Yes

○ No

**If you have any, please provide an explanation**

**Enterprise achieved positive end year results in the year preceding submission of Expression of Interest**

○ Yes

○ No

**Enterprise 2 details**

**Name**

**Address**

**Telephone**

**Email**

**Website**

**Legal representative**

**Contact person/ Cooperative Training coordinator on behalf of the enterprise**

**Tax registration number**

**Enterprise 2 - Main characteristics**

**Legal form (select from the drop-down menu)**

**Activity**

**Economic Sector (select from the drop-down menu)**

**Category of enterprise**

As per country definitions

○ Small

○ Medium

○ Large

**Number of total staff**

**Number of managerial staff**

**Number of technical staff**

**Awarded certificates and qualifications: i.e. ISO, Training License**

**Short profile of the enterprise**

Prepare a short overview of the business activities, position and experience in the market, resources, training needs, cooperation with VTIs, and planned contribution to the Consortium.

**Enterprise has no liability towards credit bureau, tax and employment authorities**

○ Yes

○ No

**If you have any, please provide an explanation**

**Enterprise achieved positive end year results in the year preceding submission of Expression of Interest**

○ Yes

○ No

**Enterprise 3 details**

**Name**

**Address**

**Telephone**

**Email**

**Website**

**Legal representative**

**Contact person/Cooperative Training project coordinator on behalf of the enterprise**

**Tax registration number**

**Enterprise 3 - Main characteristics**

**Legal form (select from the drop-down menu)**

**Activity**

**Economic Sector (select from the drop-down menu)**

**Category of enterprise**

As per country definitions

○ Small

○ Medium

○ Large

**Number of total staff**

**Number of managerial staff**

**Number of technical staff**

**Awarded certificates and qualifications: i.e. ISO, Training License**

**Short profile of the enterprise**

Prepare a short overview of the business activities, position and experience in the market, resources, training needs, cooperation with VTIs, and planned contribution to the Consortium.

**Enterprise has no liability towards credit bureau, tax and employment authorities**

○ Yes

○ No

**If you have any, please provide an explanation**

**Enterprise achieved positive end year results in the year preceding submission of Expression of Interest**

○ Yes

○ No

## Section 4 - Additional Enterprises

**Additional enterprises**

Do you require additional enterprises?

○ Yes

○ No

## Section 5 - Cooperative Training Programme Subject of the Application

**New or existing programme**

Is the Cooperative Training programme, which is subject of the grant application,newly planned or existing?

○ New

○ Existing

**Please provide the title or titles (if more than one) of the Cooperative Training Programme(s).**

**Certificate/Accreditation**

Do you have certification or accreditation for the programme?

○ Yes

○ No

**Additional comments (especially in case of few training programmes to be considered for funding)**

**Sector**

Please provide details of the sector(s) of the Cooperative Training programme (one or more allowed)

**Type of training programme**

Please select the type of training programme you will be running.

○ Short-term (less than 12 months)

○ Long-term (lasting more than 1 year)

**Duration**

Please specify the duration of the co-operative training programme(s):

 For short-term programmes, specify the duration in months.

 For long-term programmes, specify the duration in academic years.

**Number of training places per year (1st year)**

Please provide the total number of training places in the 1st year (Note: the sum of all training places for all programmes supported by the grant per year must be min. 15 in the first year and min. 30 in each consequent year).

**Number of training places per year (2nd year) for all programmes lasting over 12 months**

Answer only for long-term training programmes lasting over 12 months. Please provide the total number of training places in the 2nd year (Note: the sum of all training places for all programmes supported by the grant per year must be min. 30 in the second year).

**Number of repeated or parallel training programmes**

Please provide the number of repeated or parallel training programmes (Note: answer only for short-term training programmes lasting less than 12 months).

**Start date of the Cooperative Training programme**

Please provide either the commencement date of the existing programme, or the intended start date for a new programme

**Learning places**

Enterprises are committed to offering the following number of work-based learning places during the training programme.Please note that in case of two participating enterprises the applicant provide information for Enterprise 1 and Enterprise 2.

**Enterprise 1**

**Enterprise 2**

**Enterprise 3**

**Trainees employed**

Please provide the anticipated number of trainees to be employed after completion of the Cooperative Training programme by participating enterprises.

**Previous experience**

Please detail the previous experience with the Cooperative Training programme for each Vocational Education and Training consortium partner

**Rationale**

Please detail the rationale for cooperation between the consortium partners by naming at least three benefits.

**Resilience**

Does the Cooperative Training programme contribute to the improvement of the resilience of Vocational Training Institute/enterprises to situations like COVID-19?

○ Yes

○ No

**If you answer Yes, please provide an explanation**

**Additional comments**

If there is not available space in above-mentioned questions you can insert your explanations here

## Section 6 - Current Status of Cooperative Training Capacities

**Current status of Cooperative Training capacities - Vocational Training Institute**

**Cooperative Training coordinator**

Please provide the name and position of the Cooperative Training coordinator assigned for the training programme.

**Facilities available**

○ Yes

○ Partially

○ No

**Equipment/Tools/Machinery available**

○ Yes

○ Partially

○ No

**Teaching materials available**

○ Yes

○ Partially

○ No

**Teachers need training**

○ Yes

○ No

**Operational & Maintenance budget supported by authorities for the project period (Letter of support)**

○ Yes

○ No

**Additional comments**

If there is not available space in above-mentioned questions you can insert your explanations here

**Current status of Cooperative Training capacities - Enterprise 1** (Please note that in case of two participating enterprises the applicant provide information for Enterprise 1 and Enterprise 2)

**Cooperative Training coordinator**

Please provide the name and position of the Cooperative Training coordinator assigned for the training programme.

**In-company trainer/ instructor(s)**

Please provide the name and position of the in-company trainer/ instructor (s)

**Current status of Cooperative Training capacities - Enterprise 2**

**Cooperative Training coordinator**

Please provide the name and position of the Cooperative Training coordinator assigned for the training programme.

**In-company trainer/ instructor(s)**

Please provide the name and position of the in-company trainer/ instructor (s)

**Current status of Cooperative Training capacities - Enterprise 3**

**Cooperative Training coordinator**

Please provide the name and position of the Cooperative Training coordinator assigned for the training programme.

**In-company trainer/ instructor(s)**

Please provide the name and position of the in-company trainer/ instructor (s)

**Do you require additional enterprises?**

○ Yes

○ No

## Section 7 - Subject of the Grant Financing

**Funding needs**

Please provide a brief description of the estimated project funding needs

**Country.**

Please select the country the Cooperative Training programme will take place.

**Local currency.**

Please select the local currency of the country the Cooperative Training programme takes place.

**Project funding summary**

1. Facilities (rehabilitation and/or extension):

If applicable, the equivalent of local currency for facilities costs:

1. Equipment/Tools/Machinery (procurement and/or upgrade):

If applicable, the equivalent of local currency for equipment/tools/machinery costs:

1. Teaching materials (preparation or upgrade):

If applicable, the equivalent of local currency for teaching materials:

1. Cooperative Training coordinator/Teachers/In-company trainers training:

If applicable, the equivalent of local currency for cooperative training coordinator/teachers/in-company trainer training costs:

1. Others:

If applicable, the equivalent of local currency for other costs:

If you require Other type of funding please explain

**Contributions**

Please provide the estimated total expected contribution by consortium partners.

**Please explain financial and in-kind contributions**

**Total grant requested: €**

**Total equivalent of local currency:**

## Section 8 - Supporting Documentation

**Memorandum of Understanding contract**

Please upload a copy of the signed Memorandum of Understanding contract between Vocational Education and Training consortium partners in PDF or PNG, JPEG, JPG image file format. Please use the template that is available on https://rcf-wb6.org/rcf-application/

Upload

**Date memorandum of understanding signed on:**

Please provide the date when the memorandum of understanding has been signed:

date

**Licenses**

Please upload a copy of the Vocational Training Institute's license issued by the relevant educational authority/body in PDF or PNG, JPEG, JPG image file format.

Upload

**Accreditation document**

Please upload a copy of the accreditation document of the training/education programme(s) in PDF or PNG, JPEG, JPG image file format.

Upload

**Letter of Support**

Please upload a support letter from the relevant authority assuring the provision of sufficient operations and maintenance budget for the project period in PDF or PNG, JPEG, JPG image file format. Please use the template that is available on https://rcf-wb6.org/rcf-application/

Upload

**Enterprise‘s business registration**

Please upload a copy of the Enterprise‘s business registration in PDF or PNG, JPEG, JPG image file format.

Upload

## Section 9 - Declaration

**Declaration**

With this declaration, we would like to express our interest to implement the proposed Cooperative Training programme in cooperation with the Regional Challenge Fund. All consortium partners agree to disclose their financial status by submission of requested financial data when invited to submit the full proposal. At the same time, we confirm that the information given in this form and all annexes is true, complete and accurate.

You must read and agree to the stated declaration before submitting your application, by ticking the checkbox ◙