





EMPLOYER RECRUITMENT INCENTIVE – 2024 / 2025 APPLICATION FORM

Please return completed application form to employmentsupportteam@aberdeenshire.gov.uk

Information for the Individual:

Employer Recruitment Incentives (ERI) are key Scottish Government initiatives, aimed at supporting the most disadvantaged people in Scotland to progress towards, and sustain employment. The No One Left Behind streams is jointly managed by the Scottish Government and local authorities. The ERI is a local offering, managed and administered by Aberdeenshire Council.

The information you give us on this form will be used to process your application. It will also be passed to other bodies concerned with the operation, monitoring and evaluation of this funding and/or with the provision of advice to you and/or monitoring of your progress. The reasons in which we retain and share your personal information are legally justified under the General Data Protection Regulation. For further information on this, please refer to the Aberdeenshire Council GDPR Record of Processing.

Section 1 - Employer Information				
Name of Employer				
Contact Name				
Address				
Postcode				
Telephone		Mobile Number		
Number				
E-Mail Address				
Number of Employees in Scotland				







All employees are paid at lea	Yes □	No □		
Living Wage				
VAT Registration Number				
Company Registration Num	ber (if			
applicable)				
Has the Company received	any <i>Minimal Fin</i>	ancial Ass	istance	Yes □
(MFA) or Services of Public E	conomic Intere	est Assistai	nce (SPEI	No 🗆
Assistance) in the last 3 yea	rs			
For further details on Subsic	ly Control, MFA	or SPEI As	sistance pleas	se refer to link
below:- Minimal financial as	sistance - Subs	sidy contro	l: guidance - g	ov.scot
(www.gov.scot)				
If you have received either MFA or SPEI Details:				
Assistance before please give details of				
the amounts and when it was awarded				
Are you receiving any	Yes □ No			
other funding for this				
post?				
If yes, please give details				
of funding				







Section 2 – Participant Information						
N.I. number						
Title				Last Name		
First Name				E-Mail		
Home Phone				Mob Phone No.		
No.						
Address				Post Code		
Date of Birth				Disability	Yes□	No □
Unemployed	Yes □	No [Expected Start		
				Date		
Length of		Pleas	Please indicateweek/s OR _			:h/s OR
unemployment		year/	S			
Type of	Please circle –		Job title of			
contract	Permanent / Fixed Term /		position			
being offered	Contract for min of 52					
	weeks					
Applicant's				Is this an	Yes□	No □
current				apprenticeship?		
highest						
qualification						
Apprenticeship qualification						
being offered (if applicable)						







Participant Characteristics						
Please tick Al	L L characte	eristi	cs that apply to the emp	ploy	ee being employed.	
Armed Forces Veteran			Asylum Seeker		Criminal Convictions	
Homeless or affected by housing exclusion			No or limited work experience		Refugee	
Substance rel	ated		Childcare issues		Transport issues	
Care experien	ced		Caring responsibilities			
ELIGIBILITY REQUIREMENTS Please answer yes or no to the answers below in the box to the left of the statement						
Yes □ No □	Participant is entering a new job or apprenticeship					
Yes □ No □	Participant faces significant barriers to employment					
Yes □ No □	Employer has received previous public funds for participant					
Yes □ No □	Employer is receiving any other funding for this post including from Aberdeenshire Council					
Yes □ No □ Job offers minimum of 16 hours per week and is expected to last 52 weeks or more						
Yes \square No \square A contact of employment will be made available within the first 8 weeks of employment (note – the contract needs to be permanent or fixed term for at least 52 weeks)						
Yes □ No □	s □ No □ You will ensure that the participant receives formal training as part of their job and as part of your investment in workforce development			f		
Yes □ No □	es 🗆 No 🗆 Ensure a safe and healthy working environment					
Yes□No□	You have, or you will obtain Employers Liability Insurance					







Yes □ No □	Your organisation has an equal opportu	unities policy	
Yes □ No □	Your organisaiton is involved in the sex industry; politics; religion; nude or semi-nude modelling or photography; multi-level marketing/pyramid selling or any business that may bring Aberdeenshire Council into disrepute		
Yes □ No □	Your organisation has recently reduced their employee numbers or are planning redundancies.		
Yes □ No □	Your organisation have used and paid for a recruitment service to source their vacancy		
	Your organisation has advertised and approval has been received from Aberd	•	
Yes □ No □	You agree to participate in quarterly review meetings with your employee and our team		
Yes □ No □	es \square No \square You will make a commitment to retain the participant beyond the period of the ERI support.		
For your inform	mation the following exclusions apply:		
 Public Sector organisations including Local Authority services and departments are specifically excluded from the fund. This includes any agencies or organisations of the UK or Scottish Government e.g. emergency services, SDS, Scottish Enterprise, DWP, etc. Further and Higher Education establishments. Jobs which are subject to an Aberdeenshire Council Community Benefit Clause. 			
REFERRAL SC	DURCE		
How did you h	ear about the Employer Recruitment Inc	entive?	
Are you happy for your contact details to be added to our mailing list so we can alert you to future funding opportunities?			







Section 3 - Application Assessment

Please answer the below questions. Your application will be scored based on the
answers provided so please give as much detail as possible
Please outline why you have applied for funding; including usage, approx costs and
intended timescales.
Economic Benefits – How does the job benefit the economy? How will a new job
benefit the growth of your company as well as the local area?
Sector potential for growth – What is the predicted growth of the sector over the next
few years? Will there be increased demand, plans to export your service etc?







Contract – Please confirm type of employment contract that will be provided e.g.
permanent, fixed term for 52 weeks or more; or a fixed term contract for the duration
of the apprenticeship (please specify the duration of the apprenticeship) .
Salary – Please state the amount of hours per week the employee will be employed
for and the hourly rate you intend to pay the employee. Please note: applications
will not be approved without this information.
Amount of hours per week
Hourly rate of pay - £







Section 4 - Your agreement with us

Before agreeing to participate and signing below, please take your time to read this section carefully. This sets out the reasons why we require your personal information, how long we will store it for and who we are required to share it with.

It is necessary for information relating to training, eligibility and subsequent destinations of participants ("Relevant Information") to be passed to the Scottish Government to monitor, audit and evaluate Employer Recruitment Incentives. Evaluation may include requesting both participating individuals and employers to complete any questionnaire issued by or on behalf of Scottish Ministers. This is so we know that public money is being spent appropriately, and that we are providing the best possible support to those who need it. Any results to surveys or questionnaires will be anonymous, and will be to help us improve the service we offer.

In addition, for the purposes of monitoring Local Authority Compliance and quality assurance and to assist with policy development, the Scottish Government may wish to contact both participants and employers by post, e-mail or telephone or meet directly to discuss the support, training and outcomes facilitated under the Incentive.

By agreeing to participate in Aberdeenshire Employment CONNECT Employer Recruitment Incentives 2024/2025, I confirm that I have read and understand the contents of this section and hereby acknowledge and understand -

- (a) That the personal information I have entered into this form, and the answers to the questions above, are required to be passed to public authorities concerned with economic and/or skills development (including Scottish Ministers, and/or government departments). We only pass your information to other organisations when it is prescribed under law, or when it is necessary for us to do so in carrying out our role as the administrators of the funding.
- (b) That public authorities listed above, may contact me either directly or through duly authorised agents to assist them in the monitoring, audit and/or evaluation of Employer Recruitment Incentives fund and the assessment of the impact of Employer Recruitment Incentives funding.
- (c) That I undertake to co-operate fully with Aberdeenshire Council and/or Scottish Government in response to any reasonable request for information concerning my participation in Employer Recruitment Incentives fund, to enable monitoring of Local Authority compliance and quality assurance and to assist with policy development.







Participant Signature		Date		
Employer Signature		Date		
	Section 5 – Declarations			
I declare that the informati	on provided in this form is correct and	the eligib	oility for	
Aberdeenshire Council Em	ployment CONNECT Employer Recruit	ment Ind	centives	
2024/2025 has been met.				
I acknowledge that I have read and agree to the Aberdeenshire Council Employment CONNECT Terms and Conditions and that these will form part of the agreement with Aberdeenshire Council.				
I acknowledge that prior to the commencement of employment, I will provide all documentation including proof of eligibility to take up paid employment, as well as any permits, licences, visas, consents, or other authorisations, that are required as part of the post.				
I will agree to participate with the Aberdeenshire Council, In Work Support Service, for the duration of the funding period as a minimum. I understand that this may on occasion require face to face meetings to discuss progress and training needs.				
	required to certify that the above inforr tted and accepted with a typed/electro			
will require additional ema	•	J	·	
Print name of		Date		
participant				
Signature of participant				
Print name of employer		Date		
Signature of employer				
Official Use only:				
Application reviewed		Date		
by: (Print Name)				
Application approved:	Yes □ No □			







Reason for refusal:	
Signed:	
Position:	