



Workforce Development Fund Direct Access Declaration Form 2024-25

Before completing and submitting your declaration form please read the [direct access guidance](#) and [FAQs](#).

Please ensure you can answer yes to the following questions to confirm your eligibility to claim funding directly from Skills for Care:

- Are the qualifications you're applying for funding for on the [list of funded qualifications and apprenticeships](#)?
- Did the training start on or before 31 March 2024?
- Do you or will you have the relevant evidence you will need before making a claim?

You will need the certificate of the full qualification or apprenticeship and this must be dated between the 01 January 2024 and 31 March 2025.

Please note: if you don't currently have the certificates but they are due by 31 March 2025 then you can still proceed with this application.

To access the 2024-25 Workforce Development Fund (WDF), the completed Direct Access Declaration Form must be returned by **28 February 2025** to directaccess.wdf@skillsforcare.org.uk.

WDF Direct Access Declaration Form 2024-25

This form is to be completed by employers accessing WDF directly (this does not include large national organisations with a direct grant agreement).

Your organisation's Adult Social Care Workforce Data Set (ASC-WDS) registered name	
ASC-WDS ID	
Your ASC-WDS registered address (including postcode)	
Your contact name	
Phone number	
Email (Email address must be completed or "no email" stated if you do not have an email address)	
Your organisation's website address	
Main care service you provide	
If other please specify here	
Number of employees in these workplaces	
CQC provider ID (must be completed or state not registered with CQC)	
CQC location ID for this service if applicable	
Name of learning provider	

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

Address (including postcode)	
Phone number	
Email (Email address must be completed or "no email" stated if you do not have an email address)	

Declaration

- I confirm that we provide an adult social care service and directly employ care staff within England and 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 costs 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 the amount of funding available to my organisation is limited to maximise the number of employers who can benefit from the funding.
- I understand that I need to inform Skills for Care of learning achieved and supply accurate and reliable evidence to claim the funding.
- 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 I am 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 understand that we must fully complete and/or update the required Adult Social Care Workforce Data Set data on or after 1 April 2024 to be able to access WDF until 31 March 2025 and confirm that the account data will be an accurate reflection of our service(s) and workforce.
- I will notify Skills for Care if 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 then we will have to repay the value of these claims in full to Skills for Care
- I accept that by claiming WDF directly I will be required to sign a grant letter with 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	

For office use only:

XRM organisation reference	
XRM contact reference	
Grant letter issued	
Agreement number	
Notes	

Please list all the workplaces that you wish to claim funding for, which are based within the advertised local authority areas for which funding can be claimed directly.

Name of workplace	Workplace address	ASC-WDS ID for this workplace	CQC location ID if applicable

Both parts of this form will need to be resubmitted if you wish to add new organisations throughout the year.

