

DIMENSIONS TRAINING SOLUTIONS – EXPRESSION OF INTEREST

1. Company / Organisation Name

Click or tap here to enter text.

2. Registered Company Address

Click or tap here to enter text.

3. Registered Company / Charity Number

Click or tap here to enter text.

4. UKPRN (if applicable)

Click or tap here to enter text.

5. Primary Contact Name

Click or tap here to enter text.

6. Job Title

Click or tap here to enter text.

7. Email Address

Click or tap here to enter text.

8. Phone Number

Click or tap here to enter text.

9. Company Type:

Private Limited Company

Public Limited Company

Registered Charity

Public Sector

Social Enterprise

Consortium/SPV

10. Please identify which quality marks you currently have or are working towards:

Ofsted Inspection

Matrix Accreditation

Investors in People

Disability Confident

Living Wage Employer Accreditation

Other (Please specify)

11. Is your company a SME? (a business with less than 250 employees or less than €50 million turnover)

Yes

No

12. Please indicate below which type of Partnership you are interested in being assessed for:

End to End Delivery Partner

Interventions Specialist Partner

Referral Partner

13. Specialisms – Please indicate where your organisation can support excellent delivery from the list below:

Young unemployed

NEET young people, or at risk of becoming NEET

Economically inactive

Residents with no/low qualifications

Returners to work

BAME groups with economic inactivity/unemployment

People with disabilities/health problems

People with mental health support needs

People with learning difficulties/disabilities

Lone parents

Teenage young mothers

- Women seeking employment in non-traditional sectors
- Carers
- People experiencing homelessness
- 50+ participants
- IAG Services
- Support for people with addictions
- Provision that leads directly to 'real' employment
- Adults looking to improve skill
- Long-term unemployed

14. Please indicate geographical locations where you can deliver your services:

(Below is a map for reference of areas)

- North East (4)
- North West (5)
- Yorkshire & Humber (6)
- West Midlands (7)
- East Midlands (8)
- South West (9)
- South East (10)
- East of England (11)
- Greater London (12)



Declaration: I declare that to the best of my knowledge the answers submitted are correct.

Form completed by:

Name:

Click or tap here to enter text.

Job Title:

Click or tap here to enter text.

Telephone:

Click or tap here to enter text.

Date:

Click or tap here to enter text.

Signature: