



ADULT LITERACY AND NUMERACY ACTION PLAN APPLICATION FORM

General Information

1. Name of Organisation

2. Contact Name

3. Contact Address

E-Mail Address

Telephone Number

4. Nature of organisation (please tick)

Local Voluntary, Community, Club or Association

School

Company limited by guarantee

Private Sector

Local Authority

Health

Institute of Higher / Further Education

Other Public Sector (statutory) body

Other (please specify)

5. Description of your current activities in relation to Adult Literacy and Numeracy

6. How will your project be new or additional to your existing provision?

Project Details

7. Category of Project

- Literacy Provision to support and existing course
- Literacy provision for work place training
- Literacy provision through a Significant Activity Project

8. Project Title

9. Project Location

10. Proposed Start Date

Completion Date

Day/s

Time/s

11. Please list Names of Partners

Partner	Nature of Contribution

12. Project Description

Brief general description

From the list below, please select the outcomes (aims) appropriate to the project:

Learning

- increase client's confidence in learning
- encourage clients to be better informed
- help clients to express themselves more clearly
- help clients to undertake their own planning & target setting

Home

- improve communication within the family
- enhance home-making skills
- improve budgeting skills

Information Technology

- use basic IT skills
- access the internet
- use email

Work Related

- enhance workplace skills
- improve confidence at work
- improve applying for work
- improve writing skills for work

Social

- help others in the community
- improve personal confidence
- improve communication with others

Outputs – state what activities the project will undertake to achieve the above selected outcomes.

Outline the staffing requirements for the project and describe the intended role of each member of staff.

MEMBER OF STAFF

ROLE

Indicate the resources to be used in the project :

Accommodation

Equipment

Consumables

Learning Materials

13. Please state how clients will gain access to the project.

- Referral
 - Self referral
 - Word of mouth
 - Advertising
 - Other form of recruitment (please state)
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14. Please tick the Priority Areas being targeted

- People with limited initial education, particularly young adults
- Unemployed people and workers facing redundancy
- People with English as a second or additional language
- People who live in disadvantaged areas
- Workers in low skill job
- People in low incomes
- People with a health problem or disability affecting learning, speech, sight or hearing

15. Please state your success criteria for the project along with timescales.

SUCCESS CRITERIA

e.g. use of new technology, use of new forms of delivery, increase in number of clients,

increase in range of clients, increase in delivery locations, increase in literacy support materials, achievement of client targets.

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16. Please state the intended dates for completion of the following elements of the programme.

Element	Date to be achieved by
Planning and procedures in place	
Staff recruited	
Course development complete	
Resources purchase/accessed	
Publicity & marketing in place	
Recruitment achieved	
Programme started	
Delivery of programme completed	
Monitoring and evaluation completed	
Programme concluded	
Programme report completed	
Programme review completed	

17.

Financial Details

Funding requested (2004 - 5)

A

Contribution from other sources / partners

CASH

B

IN KIND

C

Total cost of proposed project

D

18. PROJECT COSTS

Project Title :

Period of delivery :

Breakdown of Costs	Funding Requested	Contributions from Partners / other sources	Total	Brief Details
Project Coordination costs				
Teaching/project delivery staff costs				
Admin staff costs				
Staff training				
Marketing				
Learning materials				
Equipment				
Accommodation				
Travel expenses				

Other items (please specify)				
TOTALS				

19. Name of Bank

Address

Sort Code

Account Number

Title of Bank Account

20. Signed on behalf of the organisation

Name (Print) _____

Position _____

Signature _____ Date _____

Completed Applications forms should be submitted to:

**Linda Muir
Literacies Manager
The Learning Shop
2 New Bridge Street
Ayr
KA7 2JX**

E-mail: linda.muir@south-ayrshire.gov.uk