**Laois Partnership Company**

**Programme Delivery 2018 - 2019**

**Industry Certified Training**

**Section 1: Courses/ Programme(s) you wish to deliver:**

|  |  |
| --- | --- |
| **Please tick courses or full programme(s) you wish to deliver:** | **X** |
| **Community Development Training** |  |
| Community Leadership Training |  |
| Funding / Grant Application Training |  |
| **Culinary Skills** |  |
| Barista Skills UV1114 (1 – 3 days) |  |
| Introduction to HACCP (½ Day) |  |
| Introduction to Culinary Skills (6 days) |  |
| Food Services UV21495 (3 Days) |  |
| **Childcare** |  |
| CPL Programme: ASiA – Aistear Siolta in Action |  |
| CPL Programme: Making Learning Visible - Documenting the Early Childhood Curriculum |  |
| **Enterprise Training:** |  |
| Kick Start Your Own Business (2 days) |  |
| Revenue Online (1 day) |  |
| Costing & Pricing (1 day) |  |
| Self-Assessment & Taxation (1 day) |  |
| Basic Bookkeeping (2 - 3 days) |  |
| Basic Marketing/Promotion (1 day) |  |
| Facebook For Business (1 day) |  |
| Whiteboard Animation (1 day) |  |
| Snapchat for Business (½ day) |  |
| Social Media (3 Days) |  |
| **General** |  |
| Manual Handling (½ Day) |  |
| Health and Safety (½ Day) |  |
| Fire Safety Training (½ Day) |  |
| **Personal Development and Wellbeing Programme (5 days)** to include: Communication Skills, Confidence Building, Personal & Interpersonal Skills, Managing Stress, Preparation for Work/ Training. This programme must incorporate **Distance Travelled** Method of Evaluation. |  |



|  |
| --- |
| Name of Organisation: |
| Address: |
| Contact Phone Number: |
| Email: |
| Experience Facilitating Relevant Target groups:(Include Name of Group / location / organisation) |
| Tutor CVs (Note: Evidence of tutor qualifications and certificate copies will be requested from successful applicants). |
| Other Relevant Details to Support Application: |

**Section 3: Costings**

Please include cost of programme delivery to include delivery, certification and all associated costs. Note: costs may include individual course or overall programme costings.

**Section 4: Checklist:**

**Please ensure the following is included with your application:**

|  |  |
| --- | --- |
|  | **Tick X** |
| **Company Profile** |  |
| **Tax Clearance Certificate** |  |
| **Cost Breakdown** |  |
| **Tutor CV and Certificates** |  |
| **Insurance Schedule** |  |

Please return completed application forms to Catherine Cowap, Social Inclusion Manager, Laois Partnership Company, Block 2, Ground Floor, County Hall, Portlaoise, Co. Laois or email to catherinecowap@laoispartnership.ie

Closing date for receipt of completed applications: **Monday 16th April 2018.**