

BIDDING FORM Skills for Care TSIF 2009-2010

Name of Organisation: _____

Name of Contact Person: _____

***Please indicate below the NUMBER of the following list of qualifications/
training you bid to be funded by the TSIF funding within the funding
period January 2009 and March 2010:***

- NVQ Health and Social Care level 2: _____
- NVQ Health and Social care Level 3: _____
- NVQ Health and Social care Level 4: _____
- NVQ 4 Registered Manager [Adults] 5: _____
- Leadership & Management for Care Services Level 4: _____
- Learning Disability Qualification (LDQ): _____
- Manager Induction Standards (Not Mandatory): _____
- Common Induction Standards (CIS): _____
- First Aid: _____
- Moving and Handling: _____
- Food Hygiene: _____

**List the number and the name and code of the 'Other Units' to be completed:
(See the 'List of Acceptable Units')**

Please specify:

Please return this form together with the Partner Form to Katrin Kruger or Jackie Whatley at Fax: 020 8708 5170 or post to Room 110, Ley Street House, 497-499 Ley Street, IG2 7QX, by no later than **16th March 2009**.