**Expression of Interest**

**100-Day Challenge**

The 100 Day Challenge will see the project team commission a series of workshops linked to the skills needs identified by the connector conversations. The focus for the activities is on linking skills development back to the passion beneficiaries have to transform their local area, especially around green space redevelopment, which is already evident in Norwich, as well as basic skills transferable skills such as digital literacy to underpin their wider ambitions. This will provide a mix and match menu of options for beneficiaries to define their own skills needs and journey.

We’re looking to create a whirlwind of activity based on local demand and pilot working in this way to establish if working this way can lead to long term behaviour change, whilst increasing skills and improving neighbourhoods and communities alike.

Are you the Organisation ready to help us?

**Desired Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Provided/Offered** |  | | | |
| **Name and Address of Organisation** |  | | | |
|  | **Name:** | |  | |
| **Address:** | |  | |
| **Email:** | |  | |
| **Tel:** | |  | |
| **Bank Details** | **Name:**  **Account:**  **Sort:** | | | |
| **How did you hear about the 100 Day Challenge?** | | | | |
|  | | | | |
| **Please Explain your Legal Structure:** | | | | |
|  | | | | |
| **Do you have the Following** | | | | |
| ***Please select which of the below you hold:***  **Safeguarding Certification**  **Risk Assessments**  **Insurance**  **Health and Safety Certification**  **First Aiders** | | | | |
| **Training Provided** | |  | | |
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| **Where will the Training take place?** | | | | |
| **Have you delivered this training before?** | | | | |
| **Do you require training facilities?** | | | | |
| **Please indicate if the training is in person and/or virtual?** | | | | |
| **Do you provide Online Training?** | | | | |
| **Do you provide Further Development?** | | | | |
| **Training impact, evaluation, and outcome** | | | | |
| *Provide details of the evaluation and monitoring framework you use* | | | | |
| **Training Costs** | | | | |
|  | | | | |
| **Costs required for training** | | | | **£** |
| ***Please provide an indicative breakdown of what the costs will be spent on.*** | | | | |
| **Breakdown (What)** | | **Cost (£)** | | |
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| **Any other information you think we should know** | | | | |
| *Use this space to provide any information you feel is relevant, include any website links* | | | | |
|  | | | | |

**Payment Terms**

Please note our payment Terms are 30 days of date of invoice, we will endeavour to accommodate where possible.