**Civil Service Learning Gateway Application**

**The information provided on this application may form the basis of a procurement specification**

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| **Section 1: Application details** *Office use only:* | |
| **Reference:** | **Date received:** |

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| **Section 2 : General Information** *Please complete:* | | | |
| Date of completion: |  | | |
| Name of your organisation: |  | | |
| Status of your organisation:*Please place an ‘x’ in the relevant box* | | | |
| *Department / Agency / NDPB signed up to CSL* |  | *Devolved Administration* |  |
| *NDPB or Arms Length Body not signed up to CSL* |  | *Other public sector organisation* |  |

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| **Contact details:** | Contact details of person completing the form  (Primary contact for enquiries) | Contact details of person responsible for the requirement if different (e.g. Project manager) |
| Name |  |  |
| Landline No. |  |  |
| Mobile No. |  |  |
| Email |  |  |

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| **Type of learning requirement:** *Please place an ‘x’ in the relevant box* | | | |
| *Generic*  *(Could be relevant to other Civil Servants)* |  | *Professions specific over £10k  (For staff in a CS Profession)* |  |
| *Business Specific over £10k (Relevant only to department)* |  | *Other (please specify below)* |  |
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| **Approvals:** *Please place an ‘x’ in each box to confirm:* | | | | | | | |
| Funding has been approved through local governance procedures\* | |  | The content of the requirement has been approved through local governance procedures (e.g. L&D Lead)\* | | | |  |
| Is this a one-off requirement? | Yes | |  | No |  |  | |
| Amount of anticipated spend.  (If **not** a one-off requirement, what is the total anticipated spend and over what timescale) | | £ | | | | | |
| *\*Please note: it is the applicant’s responsibility to ensure that funding and any other relevant approvals are obtained prior to instructing CSL or Capita to commence the procurement process that may arise out of this application process.* | | | | | | | |

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| **Section 3: General Learning Requirement** *Please complete:* | |
| Name or title of course / learning requirement |  |
| Target group / audience  (Number / Description / Level / Business area(s) / etc as relevant) |  |
| Description of the learning requirement and expected method(s) of delivery |  |
| The business need / case for this training |  |
| Location(s) for delivery |  |
| Date(s) or timescales for delivery |  |
| Departmental Subject Matter Expert involvement required  (if any) |  |

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| **CSL Curriculum:** | |
| Why the CSL Curriculum will not fully meet the learning requirement |  |
| Elements of the CSL Curriculum that could be utilised within the learning requirement (if any) |  |

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| **If the requirement includes the bespoke design of one or more learning products (Face-to-face / E-learning etc) please complete Section 6 as fully as possible.** |

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| **Section 4 : Potential Supplier / Cost information** *Please complete:* | |
| Potential supplier(s) if known  *(If not known, please do not engage with any potential suppliers)* |  |
| Estimated costs (If you have quotes from more than one potential supplier, please only show the range. E.g. £10,200 – £12,500) |  |
| **Procurement Route:**  The Gateway panel will decide on the procurement route for this application. Usually this is through the prime contractor (Capita). Please state below if there is any reason why this would not be appropriate for this application and suggest any alternative procurement route for the panel to consider or be aware of.  Please also provide details below if the requirement is for an extension to an existing contract. | |
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| **Section 5 : Data Security** *Please complete:* | |
| *The information provided on this application may form the basis of a procurement specification and be forwarded on to Capita (the Prime Contractor to CSL) and other potential suppliers.*  *Please therefore confirm that the information provided in this application has been considered in line with your Departmental data security procedures and the appropriate authority has been given for this document to be electronically transmitted to Capita and other potential suppliers (outside the Government Secure Internet GSI)* | |
| **Approval Given:** *(Applicant can complete)* | |
| Name: |  |
| Date: |  |

Once completed please send the form to your relevant local approver or direct to the Gateway helpdesk email address - [cslgatewaypf.mailbox@hmrc.gsi.gov.uk](mailto:cslgatewaypf.mailbox@hmrc.gsi.gov.uk) as appropriate.

Do not delete the sections on the following pages. These are for CSL Gateway reference purposes only.

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| CSL Gateway Hotline – 0300 053 4536  This form is for use by the Civil Service only. For wider public sector requirements please contact GPS Customer Service Desk 0345 410 2222 |

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| **Section 6: Detailed Learning Specification**  ***Complete as fully as possible if the design of bespoke learning products is required.***  *(If multiple learning products are required, please complete a separate Section 6 document for each one)* | | | | |
| **Title of product** |  | | | |
| **Type of product**  (e.g. face-to-face / e-learning) |  | | | |
| **Learning / Enabling objectives** |  | | | |
| **Duration** |  | | | |
| **Structure & Outline of content** (E.g. a broad timetable or sequence of learning) |  | | | |
| **Delivery dates / timescales** (if not already specified) |  | | | |
| **If face-to-face learning:** | | | | |
| **Group Numbers** (Including details of cohorts if applicable) |  | | | |
| **Deliverers / Facilitators / Other contributors**  (Number / roles / ratio of deliverers to delegates / special requirements or qualifications) |  | | | |
| **Materials & Equipment requirements** |  | | | |
| **Venue requirements**  (Including type of venue / room numbers, sizes & layouts / refreshments etc) |  | | | |
| **If e-learning:** | | | | |
| **Any technical / other requirements to be taken into account** |  | | | |
| **Evaluation:** *Please place an ‘x’ in the relevant box(es)* | | | | |
| **Evaluation to be designed and/or carried out to each of the levels indicated** | **Level 1** (Immediate reactions) |  | **Level 3** (Impact on individual performance) |  |
| **Level 2** (Knowledge & skills learned) |  | **Level 4** (Impact on organisational performance) |  |

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| **Panel Decision** | | **Gateway Team to Complete (CSL office use only):** | | | | | | | | | |
| Decision date: |  | Approved |  | Not approved | | | |  | Questioned | |  |
| Panel members: | |  | |  | | | | |  | | |
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| Advice / Question to Department: | |  | | | | | | | | | |
| Follow on actions (e.g. Gateway database updated): | |  | | | | | | | | | |
| Route: | | Departmental | | |  | Prime (Capita) | | | |  | |
| Date Dept and Prime notified of decision: | |  | | | | | | | | | |
|  | | CSL Curriculum Lead: | | | | | Gateway Team Secretariat | | | | |
| Name: | |  | | | | |  | | | | |
| Position: | |  | | | | |  | | | | |
| Tel: | |  | | | | |  | | | | |
| Email: | |  | | | | |  | | | | |