**Appendix 5**

**Preferred Supplier Network Support Offer**

Please complete a Support Offer for each programme/activity offered. Support offers will be used to promote your organisations provision to Talent Match Mentees through the projects website ([www.bctalentmatch.com](http://www.bctalentmatch.com)) and circulation to hubs through our mentors. Support offers should be written clearly and concisely with our young adult audience in mind.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation | | | |  | | | | | | | | | | | | | | |
|  | | | |
| Address | Please provide organisations address (this does not need to be the delivery address) | | | | | | | | | | | | | | | | | |
|  | | | |
| Contact Name | | | | Please provide contact name for bookings and enquires | | | | | | | | | | | | | | |
|  | | | |
| Tel No. |  | | | | | | | | Email | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Delivery locations | | | Please provide delivery locations; i.e. Dudley, Sandwell, Walsall, Wolverhampton. Please state if delivery can take place in hubs | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Support Offer Title | | | | | Please provide a clear and specific to the training/support offered | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Support Overview  **Max 300 words** | | | Please provide a summary of the support offered | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Timetable | | Please provide an overview of the support duration i.e. wks/hrs | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Session type | | | | Individual | |  | Group | |  | Please state minimum and maximum group size | | | | | | | | |
| Min | | |  | | Max | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Additional Information | | | Are there any entry requirements for participants? Do participants need any Equipment or Clothing? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Expected Outcomes | | | What will be achieved from the support; include any in-house certificates | | | | | | | | | | | | | | | |
| Qualification Title | | |  | | | | | | | | | Learning Aim Ref. | |  | | Level | |  |
|  | | | | | | | | | | | | | | | | | | |
| Total cost per person/group\*  \*(delete as appropriate). If the activity is funded please state funding stream | | | | | | | | £ | | | | | | | | | | |

This form will be publicised on the Talent Match Black Country Website ([www.bctalentmatch.com](http://www.bctalentmatch.com)) and will be read by young adults when choosing their individualised support package.

Please return you fully completed submission to by email to [PSN@bctalentmatch.com](mailto:PSN@bctalentmatch.com)