





Enquiry/Organisational Needs Analysis

Reason for call- Initial Business Needs (e.g. FCR, App, ELI)

Enquiry Date of Enquiry:	Enquiry taken by:	
Business Name:	Trading l'ame	
Registered Address:	adin Addres	
Postcode		Postcode:
Parent Company Address (if each	ic. (e):	
Enquiry Contact		
Position		
Telephone / Mobile	Email address	
Has employer engaged with BMe	et previously? (Check CRM)	
How did employer hear about BN	Met?	
Type of Business		

If apprenticeship- Type of apprentice required		
Additional notes		
If apprenticeship- Does employer have own candidate? Yes No		
Informed of Health & Safety (Including COVID-19 & ELI)?		
Inform employer that BMet H&S representative will contact them		
Name of person (s) BMet representative will meet with? as above If this box is ticked, only fill in fields Date/Time of meeting and BDA/BDM assigned		
Enquiry Contact		
Position		
Telephone / Mobile Email address		
Alternative Enquiry Contact Position		
Telephone / Mobile Email address		
Date/Time of meeting DA/PJM assigned		
Post-Enquiry Checks and Actions:		
CRM Update/Create Compares House (add No.)		
Previous BMet engageme it & Larner in lory Yes No		
Company website Company Credit Check Score		
College Finance – Employer history & SINVA Check must be requested before proceeding		
BMet Apprenticeship Framework Agreement Created Issued Signed Returned		
DAS Setup inc. funding/incentives		
Current Health & Safety Assessment / ELI / COVID 19? Yes No		
Date email confirmation sent to employer & BDA/BDM		
Documents uploaded to CRM (date)?		
Checks & Actions carried out by :		
Name: Date completed:		

Organisational Needs Analysis

Date of ONA			
Date Company Established	Current Turnover	Number of employees	Levy value
Sector	Select Sector		
SIC Code (if known)		Primary business activity	
Current plans Do you have a Business Plan?	? Yes No		1
Do you have a Training Plan?	Yes No		
Do you have a training & deve	elopment budget? Yes	en is	s it reviewed?
If your training plan includes	apprentices, how will your tr	aining plancheet the 20% of	if the job training requirements?
What is the budget size?	Does reflect s	'ls needed to support busin	ess growth? Yes No
Additional notes			
Ambition and Growth			
What are your growth plans fo	or the next 12 months?		
What challenges are you antio	cipating?		

Training and needs

What are your current skills gaps?				
How many people need to be trained and over what period?				
What training has priority?				
What impact will this training have on the business? (e.g. cost savings, increased productivity, new markets, product development etc.)				
Would you consider Apprenticeships for any of your existing employees and new recru	its? Yes	No		
If Yes, in what business areas?				
	1			
Future Plans	1			
Do you have any future plans we have not discussed or any additional business needs (E.g. bespoke training, distance learning, recruitment services)				
Would you assist in supporting young people through work experience for BMet Students? Yes No				
ESF Mandatory questions :				
Do you have an Equality & Diversity olicy in Lace?	Please select			
Additional comments:				
Would you be interested in knowing more about what support is available for Equality & Diversity in the workplace?	Yes No			
Do you have a current Environmental / Sustainability Policy in place?				
Additional comments:				
The ESF Business Elevator project has a dedicated Sustainability Officer for SME employers, through our partners Solihull College and University Centre and South & City College Birmingham. Would you be interested in knowing more about what support is available?	Yes No			
If yes, do you consent to your contact details being shared with our ESF Business Elevator partners Solihull College and University Centre and South& City College Birmingham?	Yes No			

Employer Summary



Summary of identified opportunities

Continue on a separate sheet if required

Programme	No. of Learners	Level of learning	Leal tern mes	Date reqd to start	Funding stream ESF, AEB, APP, FCR
	4	77			
		X			

Training Needs Analysis Sign Off

BMet Representative		Employer Representative	
Name		Name	
Signature		Signature	
Date		Date	

V4.1 030221 MET03983