**Staff Apprenticeship Application Form**

**Applicant Details:**

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| --- |
| Surname:  |
| Forename(s): |
| Date of Birth |
| NI Number: |
| Employee Number:  |
| Job title: |
| Department: |
| E-mail address: |
| Contact number: |

**Line Manger Details:**

|  |  |
| --- | --- |
| Line Manager Name:  | Email:  |
| Job title:  | Telephone:  |

**Desired Apprenticeship Qualification Details**

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| --- |
| Qualification title: |
| Level required: |

**Eligibility Checklist**

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| --- | --- | --- |
|  | **Yes** | **No** |
| Are you contracted to work a minimum of 16 hours per week? |  |  |
| Are your currently doing any Government funded qualifications? |  |  |
| Do you work evenings or night shifts only? |  |  |
| Are you normally & lawfully resident in the UK & have been for the last three years? |  |  |
| Have you completed studies in this subject previously? *\*If so at what level?* |  |  |
| Level  |
| Are you in date with your mandatory training? \*Applicants must be in date with their mandatory training, if not their application will not be accepted\* |  |  |

**Personal Supporting Statement**

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| --- |
| Please use this space to provide a personal supporting statement.Think about:* *Why you have chosen this qualification and its relevance to your current role*
* *Your personal objectives for the course*
* *How this course will enhance your existing role and the service you deliver.*
* *How you will share your learning*

Please also provide details of any special requirements you may have: |

**Line Managers Supporting Statement**

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| Please use this space to provide a supporting statement for why you believe this qualification is suitable for the employee.Think about:* ***Is there an existing skills gap which will require more than 12 months learning by the employee (requirement of apprenticeship levy spend)***
* *Do you have capacity within the team to support 20% off the job training required to complete an apprenticeship.*
* *How this qualification is relevant to their current role*
* *How this course will enhance the service your team deliver.*
* *How will the participant share their learning amongst colleagues*
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**Declaration**

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| **APPLICANT*** I understand by signing this application form I confirm that the information provided is true, complete and accurate.
* Should I be successful I will be committed to undertake the course(work) and I will complete the necessary course(work) within the relevant timeframes.
* I can confirm that I am in date with all Trust Update training and have undergone my annual appraisal

**Signature:**   **Date:****Print name:**    |

**Declaration**

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| --- |
| **MANAGER*** I understand by signing this application form I confirm that the information provided is true, complete and accurate to the best of my knowledge.
* I can confirm there is an existing skills gap which will require more than 12 months learning by the employee.
* I confirm I will support the member of staff with the required study including the 20% off the job training.
* I can confirm the applicant is in date with all Trust Update training and have undergone their annual appraisal.

**Signature:**   **Date:****Print name:**    |

Please return this form along with a copy of your **job description** to

 [**plh-tr.apprenticeships@nhs.net**](file:///%5C%5Cderriford%5Cgroups%5COrganisationalDevelopment%5CApprenticeships%5CTemplates%20%26%20Forms%5CManagement%20Forms%5Cplh-tr.apprenticeships%40nhs.net)