



# APPLICATION FORM



Use this form to apply for training: Your CQM Account Manager can advise you if candidates are eligible for 10% co-funding, funding via your Apprenticeship Levy or an Advanced Learning Loan

If you are handwriting this form, please use **BLOCK CAPITALS**

Name of business

Phone

Name of group (if applicable)

E-mail

Apprenticeship  
Levy payer

☐

Co-funding  
(10% contribution)

☐

Advanced  
Learning Loan

☐

Site address  
(for training  
delivery)

Main contact

Town

Job title

Postcode

No. of  
employees

|                                  |        |
|----------------------------------|--------|
| OFFICE USE ONLY:                 |        |
| RES / DOM / SUP.L                |        |
| EY 0-5 / CYP 6-16<br>/ ADULT 16+ |        |
| FRAME                            | STAND  |
| PAPER                            | E-PORT |
| BOOKER                           |        |

| First name | Last name | Date of birth | Candidate email address | Hours<br>per<br>week<br>(av) | NI number | Course required | Level | Total course<br>price agreed | Employee signature |
|------------|-----------|---------------|-------------------------|------------------------------|-----------|-----------------|-------|------------------------------|--------------------|
|            |           |               |                         |                              |           |                 |       |                              |                    |
|            |           |               |                         |                              |           |                 |       |                              |                    |
|            |           |               |                         |                              |           |                 |       |                              |                    |
|            |           |               |                         |                              |           |                 |       |                              |                    |
|            |           |               |                         |                              |           |                 |       |                              |                    |

Please ensure you have read the employer terms on page 2 and that all candidates have read the employee terms. Please note that this information will only be used by CQM Learning and relevant third parties for the purpose of completing the course.

If you or your employee would like to discuss the application in further detail, please contact us on 0114 281 5781.

By signing this box you confirm that your staff are ready to enrol within 30 days:

|                      |  |
|----------------------|--|
| Employer's signature |  |
|----------------------|--|

|      |  |
|------|--|
| Date |  |
|------|--|

|                                 |  |
|---------------------------------|--|
| Preferred enrolment<br>date W/C |  |
|---------------------------------|--|

You will apply for an Apprenticeship Framework or Standard, depending on availability in your area/chosen course:

| Contents                               | Framework                     | Standard                    |
|--|-------------------------------|-----------------------------|
| Certificate or Diploma                 | Yes                           | Usually, depends on subject |
| Technical Certificate                  | Yes                           | Depends on subject          |
| Employment Rights and Responsibilities | Yes                           | Yes                         |
| Functional Skills (maths, English, IT) | Yes                           | Yes                         |
| Personal Learning and Thinking Skills  | Yes                           | No                          |
| Assessment                             | By unit throughout the course | At the end of the course    |

Usually your assessor will visit every four to six weeks providing 1-2-1 assessment in your workplace. All Apprenticeship programmes take a minimum of 12 months to complete.

**Employee terms.** By signing this form, you are confirming that you have read and understood what is involved in undertaking an Apprenticeship programme and agree to the following statements:

- 1 You are contracted to work a minimum of 16 hours per week, and have a permanent contract of employment.
- 2 You have been a resident of the UK or EU for at least three years and have the right to claim public funds for training.
- 3 You are willing to participate in the course, and commit to complete it once you have enrolled.
- 4 You have at least three-months experience within your job role/the industry either within your current employment or from previous jobs.
- 5 You will be permitted to complete an Apprenticeship programme by your employer.
- 6 You consent to CQM storing your personal details and sharing them with our training provider partners to enable them to confirm your eligibility for the course requested and to arrange your enrolment.

**Employer terms.** By completing this form, I confirm that the employees named:

- 1 Are contracted to work a minimum of 16 hours per week, and have permanent contracts of employment.
- 2 Have been a resident of the UK or EU for at least 3 years and have the right to claim public funds for training.
- 3 Are willing to participate in the course, and will be expected to complete it once they have enrolled.
- 4 Have at least three-months experience within their job role/the industry either within our employment or from previous jobs.
- 5 Will be permitted to complete an Apprenticeship programme, which includes spending 20% of their working time on learning activities.
- 6 Have read and understood the requirements of an Apprenticeship programme as detailed on this form.
- 7 If the employee has not signed the form, you as the employer are signing the form to confirm you have permission to pass on your employees' personal data to be shared with CQM and relevant third parties, for the purpose of completing the course.

**PLEASE NOTE:** If incorrect information is provided, which affects the candidate's eligibility, some training providers will charge employees to cover any costs incurred through the enrolment session or delivery of the course. By providing the correct information, CQM can assess their eligibility and will inform you upon receipt of the application if they qualify. Completing this application form does not guarantee that you will receive funding for the training. Co-funding is allocated on a first-come-first-served basis.