APPRENTICESHIP APPLICATION FORM

If you are handwriting this form, please use BLOCK CAPITALS



EMPLOYER DETAILS				ū	
Business name		Group name (if applicable)	me (if applicable)		
Site address (for training deli	very)	•			
E-mail					
Line Manager Name		Line Manager Phone	Apprenti	Apprenticeship Service Acc. No.	
Financial Contact Name		Financial Contact phone	Date		
CANDIDATE DETAILS					
First name		Last name	Hours per week (av)		
Date of birth	NI number		Job Title/	/Role	
Candidate mobile phone nu	 mber	Candidate email address			
Course required			Level	Cost	
First name		Last name		Hours per week (av)	
Date of birth	NI number		Job Title/	/Role	
Candidate mobile phone nu	mber	Candidate email address	L		
Course required			Level	Cost	
First name		Last name	<u> </u>	Hours per week (av)	
Date of birth	NI number	I	Job Title/	 Role	
Candidate mobile phone number		Candidate email address			
Course required			Level	Cost	
First name		Last name	<u> </u>	Hours per week (av)	
Date of birth	NI number	I	Job Title/	/Role	
Candidate mobile phone number		Candidate email address			
Course required			Level	Cost	

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Apprenticeship Standards include:

Initial Assessment and Functional Skills: employees complete an initial assessment (usually an online test) to check their current level of maths and English skills. If they need improving, they will be supported through a functional skills programme as part of their apprenticeship.

Qualifications: are not mandatory in all standards, but can be inluded such as the Level 2, 3 and 5 Diplomas in Health & Social Care. Some standards include student membership of professional bodies when a qualification from that organisation has been specified.

Learning: employees must spend **20% of their paid, working time** completing learning activities. This could be visits from their trainer, shadowing a more senior member of staff, reading/research, writing assignments or learning a new skill in the workplace.

Assessment: varies between courses; can include multiple choice tests, professional discussions, presentations of a portfolio of evidence, observations of work and other methods.

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

- 1 You work an average minimum of 20 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, have the right to claim public funds for training and are not currently completing any funded 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 partners to enable them to confirm your eligibility for the course requested and to arrange your enrolment.
- 7 You will not reimburse your Employer for the cost of the Apprenticeship programme.

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

- 1 Are contracted to work a minimum of 20 hours per week, and have permanent contracts of employment.
- 2 Have been a UK or EU resident 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 Are ready to enrol in the next 30 days.
- 5 Have at least three-months experience within their job role/the industry either within our employment or from previous jobs.
- **6** Will be permitted to complete an Apprenticeship programme, which includes spending 20% of their working time on learning activities.
- 7 Have read and understood the requirements of an Apprenticeship programme as detailed on this form.
- 8 If the employee is not completing this application themselves, 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.
- **9** That the organisation will pay the 5% contribution costs of the Apprenticeship programme or use Levy funds, and will not seek reimbursement from the Employee.
- 10 That the organisation will set up an Apprenticeship Service account.
- 11 By completing and returning this form you acknowledge and accept these terms.
 - 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-investment and other funding is allocated on a first-come-first-served basis. If you are using Apprenticeship Levy funds you must have approval to do so from your Head Office/central management. This information will only be used by CQM Learning and relevant third parties for the purpose of completing the course. You can read our privacy policy at cambearning.co.uk/privacy