



APPLICATION FORM

Use this form to apply for ESF funded training courses





O	1		if you are nandwriting this form, p	iease us	e BLOCK CAPITALS	_			
Name of business						Phone			
Name of g	group (if applicable)					E-mail			
OFFICE USE ONLY:	Site address								
RES / DOM / SUP.L EY 0-5 / CYP 6-16	(where training is to be delivered)					Main contact			
/ ADULT 16+ PAPER E-PORT	be delivered)					Job title			
BOOKER	Local Authority					No. of employees			
	Postcode					(must be <250)			
First name	Last name	Date of birth	Candidate personal email address	Hours per week (av)	NI number	Course required	Level	Bundle 1 or 2	Employee signature
Learning and relevant	t third parties for the pu	urpose of comp	2 and that all candidates have reac pleting the course. on in further detail, please contact us			note that this inform	ation v	vill only b	e used by CQM
By signing this box yo	u confirm that your sta	ff are ready to	enrol within 30 days:						
Employer's signature				Date				ferred nent date	

These courses are fully funded through the ESFA and ESF for eligible candidates.

You will study either a full Level 2 Certificate or Diploma, a Level 3 Technical Certificate (Bundle 1) or a selection of units at Level 2 or 3 (Bundle 2), depending on your subject/bundle choice. Speak to your CQM Consultant for details of the bundles available in your area.

Bundle 1: Your trainer will usually visit monthly to provide 1-2-1 assessment in your workplace.

Bundle 2: Your trainer will visit a maximum of three times over the duration of your course.

Employee terms:

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

- 1) You are contracted to work a minimum of 16 hours per week, and have 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) Will be permitted to complete the course by your employer.
- 6) You consent to CQM Learning Ltd 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 onto that course.

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 3 months experience within their job role/the industry either within your employment or from previous jobs.
- 5) Will be permitted to complete the course.

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 learner'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 as to whether or not they qualify. Completing this application form does not guarantee that you will receive funding for the training. Funding is allocated on a first-come-first-served basis.