**Application for Apprenticeship Programme**

Instructions for use

* Please TYPE your responses and email to Alex Mortimer am@supplychainacademy.org.uk
* Alternatively, you can post your completed form to: Upminster Court, 133 Hall Lane, Upminster, Essex RM14 1AL
* You should also keep a copy of the completed application

# Section 1

|  |  |  |
| --- | --- | --- |
| **Programme of Study (Name of Apprenticeship)** |  | **Proposed Date of Entry**Month /Year |
|  |  |  |

# Section 2

## Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** (Mr/Mrs/Miss etc.) |  | **Forename** (First Name)  |  | **Surname/Family Name**  |
|  |  |  |
| **Date of Birth**Day / Month /Year |  | **Gender** |  |  **Previous Name(s), if changed** |
|  |  |  |  |  |
| **Home Address** |  | **Work/Contact address if different** |
|   |  |
| Postcode:  | Postcode:  |
| Telephone:  | Telephone:  |
| E-Mail:  | E-Mail:  |
| **Country of Domicile:** |  |
| **Country of birth:** |  |
| **Nationality (as on passport):** |  |
| **National Insurance number:** |  |
| **Date of entry to the UK (if not from birth):** |  |
| **Hours of work per week:** |  |

**Employment details** (to be completed by your current employer who is funding your study)

|  |  |
| --- | --- |
| **Employer/Setting** |  |
| **Name of Organisation:** |  |  |
| **Address** |  |  |
| **ERDS number (if known):**  |  |  |
| **Candidate role** |   |  |
| **Current Employment Status:**  |  Full Time Part Time Unemployed |  Paid Voluntary |
| **How long has the candidate been employed by you?** | Paid: | Voluntary | : |
| **Name of mentor to be assigned to this apprentice:** |  |  |
| **Employer** |  |  |  |
| **Please complete the employer agreements below.** |  **Yes** |  **No** |
| **The applicant will have an allocation of 20% off the job to undertake the apprenticeship. This will include release day/block release to attend all required training sessions. I also agree to the applicant undertaking approved work -based tasks.** |  |  |
| **I confirm that the candidate has the support of their employer in applying for this course.** |  |  |
| **Signature of Manager**This can be typed if you do not have an electronic signature |  |
| **Print Name** |  |
| **Telephone** |  |
| **Email** |  |

## Employment History

Please give details of paid employment to date with the most recent first (if you require more space please attach an additional sheet).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Position Held** | **Dates from and to mm/yy – mm/yy** | **Full Time or Part Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Qualifications to Date

Please give details of all academic and professional qualifications you have taken in this section (attach an additional sheet if required). Begin with the most recent. Attach copies of certificates/transcripts. For non UK qualifications, you should attach both the original language and official (certified) English translations, you should also provide evidence of the UK equivalence of your qualification, you can get this through NARIC www.naric.org.uk Do not send original certificates.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School/College/University****/Institution****Name and Address** | **Start** **Date** | **Award Date** | **Qualification type****Degree, Diploma, Certificate, A Level, Professional Qualification etc.** | **Subject(s)** | **Results -****Grade/ Division/****Class etc.** | **Copy attached?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Disabilities/Special Requirements

1. **– No Disability**   **F - You have a mental health condition**
2. **- You have a social/communication impairment G - have a learning difficulty such as dyslexia**
3. **- You are blind or have a serious visual impairment H - You have physical impairment or mobility issues**
4. **- You are deaf or have a serious hearing impairment I - Disability, impairment etc. not listed**
5. **- You have a long standing illness\health condition J - You have two or more impairments**

|  |
| --- |
| **Further Information** |
|  |

Have you declared this to your employer? (Note, this document will be discussed with your line manager to ensure that you are on the correct programme and in receipt of relevant support).

🞏 Yes 🞏 No

# Section 9

## Privacy Notice

Any information in this application which is untrue or purposely misleading will cause the application to be cancelled.

The information you supply will be used by the Education and Skills Funding Agency, an Executive Agency of the Department for Business, Innovation and Skills, to issue you with a Unique Learner Number (ULN), and to create your personal Learning Record. For more information about how your information is processed and shared, refer to the Extended Privacy Notice available on Gov.UK

Yes

 No

# Section 10

Have you been previously enrolled on an Apprenticeship? Yes No

If yes, please give your previous Training Provider

|  |
| --- |
| **Training Provider details** |
| **Name:** |  |
| **Contact Name:** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Assessor Name:** |  |
| **Assessor Contact Number:** |  |
| **Assessor Email:**  |  |

# Section 11

**Declaration:**

Application forms which are incorrectly completed will delay the decision making process. All applicants must carefully review the completed form, in particular checking that all required information has been completed in full, with certificates/transcripts and references attached.

I confirm that the information given in this application is true, complete and accurate: no information requested or other material information has been omitted. I consent to the processing of this data by Supply Chain Academy / CP Training Services Ltd for educational purposes under the 1998 Data Protection Act.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**This can be typed if you do not have an electronic signature |  |  | **Date of completion** Day / Month /Year |
|  |  |  |