

**Adult Social Care**

**Apprenticeship Application**

**About this Form**

* This Form is used to apply to complete an Adult Social Care Apprenticeship Programme.
* The information provided is used to consider your application, made a decision, assist in securing funding and (if approved) refer you to a provider that can deliver the Qualification or Apprenticeship Programme.
* Please complete **all** pages of this form otherwise your application will be delayed or rejected.

**About You**

|  |  |
| --- | --- |
| Surname: |       |
| Forename(s): |       |
| Title: |       |
| Date of birth: |       |
| National Insurance Number: |       |       |       |       |       |       |       |       |       |
| Home address: |       |
|  |       |
| Home postcode: |       |
| Personal email address: |       |
| Personal telephone number: |       |

**About the Pathway / Apprenticeship You Want to Complete**

|  |  |
| --- | --- |
| Name of the Pathway / Apprenticeship: |       |
| Please explain why you want to complete this Pathway / Apprenticeship: |       |
| Do you have any special requirements or need support to take part in a Pathway / Apprenticeship? (e.g. Dyslexia). |       |

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| --- | --- |
| Please tell us about how you intend to use the learning gained from Apprenticeship: |       |

**About the Care Certificate**

|  |  |
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| Do you hold a Care Certificate?If so:* When did you do it?
* Where did you do it?
* Please provide your Certificate?
* Do you still have your Portfolio / Workbooks?
 |       |

**About Your Current Job**

|  |  |
| --- | --- |
| Job Role and Grade |       |
| Contracted weekly hours |       |
| Start date with the Council |       |
| Team and Service: |       |
| Work Base / Location: |       |
| Work Email address: |       |
| Work Telephone Number: |       |
| Manager’s Name: |       |
| Manager’s Email Address: |       |
| Manager’s Telephone Number: |       |

**About Your Previous Jobs**

We need to know about your job history, as this helps us decide if you are able to complete the Level requested.

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| --- | --- | --- |
| *Employer* | *Job Title and Nature of Work* | *How long in job* |
|       |       |       |
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**About Your Existing Qualifications**

We need to know about the Qualifications you already hold, as this helps us decide if you are able to complete the Level requested.

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| --- | --- | --- | --- |
| *Qualification* | *Grade / Result* | *Date Achieved* | *Provider* |
|       |       |       |       |
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**Agreement**

*Learner:*

I confirm that:

* I wish to complete the Pathway / Apprenticeship noted on this Application Form.
* The details on this form are correct, including information about my existing Qualifications.
* I agree to commit to completing the learning materials and assessments, i.e. Portfolios, tests, exams, etc. to achieve the Apprenticeship, which includes committing personal time outside of work.
* I understand my Manager will be advised of my progress to ensure I am on track for completing the Apprenticeship and Care Certificate.

*Manager:*

I confirm that:

* I have discussed the completion of the Pathway / Apprenticeship with the learner and agreed that it is appropriate and relevant for their role and / or future career development in line with Service and Corporate Policies and Procedures.
* The completion of the Pathway / Apprenticeship has been noted as a learning and development need on their Performance Review and / or Supervision Records.
* I will release the learner to attend Study Days, assessments, exams, etc. in line with the Apprenticeship requirements.
* In the case of Apprenticeships, there is a requirement to receive 20% off-the-job training. This allocation can include statutory and mandatory training that a learner may already complete where it is relevant to the Apprenticeship.
* I will ensure that the learner is provided with the relevant 20% off-the-job training and Functional Skills study time (if applicable) in line with the Qualified Care Workforce Pathways Guidance.

*Note:*

* All information provided on this application will be held securely in line with Corporate and Legal requirements for the protection of personal data.
* Information will only be shared with appropriate parties involved in the delivery of the Apprenticeship and Care Certificate.

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| Learner – Signature |       |
| Learner – Date |       |

|  |  |
| --- | --- |
| Manager – Signature |       |
| Manager – Date |       |

Once completed, a signed and scanned copy should be emailed to ascleader@eastriding.gov.uk