**Command your potential and unlock your career…**

APPRENTICESHIPS

**If you thought apprenticeships were just for 16 year-olds leaving school, it’s time to take another look…**

**An apprenticeship can be undertaken by new or existing members of staff of any age and any band!**

**‘Get In’**  
*Intermediate Apprenticeship*

**‘Get On’**  
*Advanced Apprenticeship*

**‘Go Further’**  
*Higher & Degree Apprenticeship*

The wide range of levels allows for staff within a variety of roles and at different stages of their career to undertaken an apprenticeship. The apprenticeship level will be determined by the role being undertaken, as evidence would need to be attained through the work role.

**What can an Apprenticeship lead to?**

As apprenticeships provide training and development within the workplace, this will help develop new knowledge, understanding and skills. Many apprentices completing the programme will seek to apply for higher level roles and may explore continuing apprenticeship training at the next level.

**What is an Apprenticeship?**

An apprenticeship provides an opportunity to combine work and on the job training. Apprentices gain experience within a specific role whilst undertaking training towards formal qualifications. Apprentices will develop core skills knowledge and achievement in English, Maths and ICT skills if required. If you are undertaking an apprenticeship used to support development of your existing role, there will be no change to pay or terms and conditions.

**What level is an Apprenticeship?**

Apprenticeships are available at a range of levels from level 2 (GCSE equivalent) to level 7 (masters / postgraduate).

|  |  |
| --- | --- |
| **Intermediate Apprenticeship** | Level 2 |
| **Advanced Apprenticeship** | Level 3 |
| **Higher Apprenticeship** | Level 4  Level 5  Level 6  Level 7 |
| **Degree Apprenticeship** | Level 6  Level 7 |

**Personal Details**

**Please complete ALL sections**

**Section**

**1**

**First Name**

**Last Name**

**Email**

**Date of birth**

**Job Title**

**Work phone no**

**Work Address**

**Dept.**

**Full Time Hours**

**or  
Part Time Hours**

**Employment Start Date**

\_ \_/\_ \_/\_ \_/\_ \_ -\_

**NI Number**

|  |  |  |
| --- | --- | --- |
| **What is your first language?** | **Have you been living in England for the last 3 years?** | **If No, please specify which country you have been living in** |
|  |  |  |

**Section**

**Apprenticeship Course Details**

**2**

(please tick appropriate apprenticeship you would like to undertake)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Apprenticeship Framework** | **Level** | **Provider** | **Typical Duration** | **Tick** |
| Care Certificate | 1 | LCHS NHS Trust | 12 weeks |  |
| I.T Functional Skills | 1 | LCHS NHS Trust | 3 months |  |
| English Functional Skill | 1 | RTS | 3 months |  |
| Maths Funtional Skill | 1 | RTS | 3 months |  |
| English Functional Skill | 2 | RTS | 3 months |  |
| Maths Funtional Skill | 2 | RTS | 3 months |  |
| I.T Functional Skills | 2 | LCHS NHS Trust | 3 months |  |
| Business Administration | 2 | LCHS NHS Trust | 12 months |  |
| Team Leading | 2 | LCHS NHS Trust | 12 months |  |
| Customer Service Practitioner | 2 | LCHS NHS Trust | 12 months |  |
| Contact Service Operations | 2 | LCHS NHS Trust | 12 months |  |
| Healthcare Support Services (*House Keepers, Porters, Catering*) | 2 | LCHS NHS Trust | 12 months |  |
| Healthcare Support Worker (*Health and Social Care*) | 2 | LCHS NHS Trust | 12 months |  |
| Business Administration | 3 | LCHS NHS Trust | 12-18 months |  |
| Contact Service Operations | 3 | LCHS NHS Trust | 12-18 months |  |
| Learning & Development (*Assessor Award*) | 3 | LCHS NHS Trust | 12 months |  |
| Facilities Management | 3 | LCHS NHS Trust | 12-18 months |  |
| Healthcare Support Services (*Cardiac & Rehabilitation, Safeguarding, Ward based administrators*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Health and Social Care*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Allied Health/Speech and Language*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Allied Health/Physio*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Allied Health/Occupational Therapy*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Allied Health/Children Services*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Senior Healthcare Support Worker (*Allied Health/Adult Nursing*) | 3 | LCHS NHS Trust | 12-18 months |  |
| Digital Marketer | 3 | TBC | 18 months |  |
| Assistant Accountant | 3 | TBC | 18 months |  |
| Internal Quality Assurer | 4 | LCHS NHS Trust | 12-18 months |  |
| Associate Project Manager | 4 | TBC | 2 years |  |
| Assistant Practitioner | 5 | TBC | 24 months |  |
| Nursing Associate | 5 | TBC | 24 months |  |
| Chartered Mangement Degree | 6 | TBC | 3 – 4 years |  |
| Nursing Degree | 6 | TBC | 3 - 4 years |  |
| Other: Name: | Level |  |  |  |

**Section**

**Qualifications**

**3**

(Please tick your highest level qualification)

|  |  |
| --- | --- |
|  | No qualification |
|  | Entry Level (Entry Level Award/Certificates) |
|  | Level 1 (NVQ1, 1-4 GCSE’s A\*-C, GSCEs grade D-G, 1AS Level |
|  | Level 2 (NV2, 5+ GCSEs grade A\*-C, 2-3 AS Levels, 1 A Level, L2 Diploma) |
|  | Level 3 (NVQ3, 4+AS Levels, 2+A Levels, 90Credits, Extended Diploma, Access) |
|  | Level 4 (NVQ4, HNC) |
|  | Leve 5 (NVQ5, HND, Foundation Degree) |
|  | Level 6 (Bachelors Degree) |
|  | Level 7 or higher (Masters, Doctorate, PGCE) |
|  | Others (Please state on next page) |

State the full title of your highest qualification

What is your GCSE (or equivalent) English grade?

What is your GCSE (or equivalent) Maths grade?

What is yout GCSE (or equivalent) IT grade?

Name of previous school/college

**Other Qualifications**

**Other qualifications you feel could be relevant to your apprenticeship that you would like to be   
considered.**

|  |  |
| --- | --- |
| **Name** | **Why do you feel this would be relevant?** |
|  |  |
|  |  |
|  |  |

**Manager’s Commitment:**

**Section**

**4**

Manager: A member of staff whom you line manage has requested to commence an Apprenticeship Programme using one of the approved apprenticeship training providers that LCHS NHS Trust has a current contractual agreement with. Please read the managers commitment carefully below and sign at the end of the document to accept and give necessary permissions. On some occasions a peripatetic assessor or Internal Quality Assurer not employed by the Trust may visit your department. It is envisaged that these Assessors/IQAs will introduce themselves on the first visit where possible and then any subsequent visits will be agreed through the staff member then communicated to you as the manager with regards to dates of the visit. If this is not the case then please contact the Head of Centre at the Accredited Centre of Excellence.

**You will agree to**:  
Support the apprentice in any aspect of the apprenticeship programme where your own competence and capability allows you to do so.

* To release the staff member to any workshops or learning that have been identified on the individual learning plan for the apprentice as part of the 20% of off the job learning.
* Partake in any surveys/general feedback/internal or external audits that are needed to comply or improve the quality/delivery of the apprenticeship programme of the training provider. (notice is always given).
* To ensure and uphold any legal responsibilities as outline in the contract of employment with the apprentice such as Health & Safety/safeguarding as far is reasonably practicable ensuring a safe place to work and learn for the apprentice.
* To ensure that that you uphold your PREVENT duties as part of LCHS NHS Trust obligations to safeguard/refer apprentices in learning.
* Make certain that any information that is provided to the approved training provider is accurate and correct to the best of your knowledge.

**Apprentice Commitment:**

Apprentice: You have agreed to engage on apprenticeship programme using the Levy funding accessed through LCHS NHS Trust. Access to the use the Levy funding has been agreed by your manager and Trust which has been highlighted on your recent appraisal on **………………………………………………..**(*date*) and has been placed onto the organisational training needs analysis. It has been identified as a need in your service and during and upon completion of this apprenticeship it is anticipated that your service will also benefit alongside your own personal development.

**You will agree to:**Complete all apprenticeship qualifications under the apprenticeship framework, as identified in an individual learning plan developed by the apprenticeship training provider to the best of my ability (with support if required).

* To complete all Functional skills and any assessments associated to this qualification or any initial assessments such as BKSB (if required)
* To attend meetings with my assessor every 4-6 weeks; If on occasion this meeting cannot be attended e.g. sickness, make arrangements I will inform the assessor at the earliest opportunity and re-arrange the appointment.
* To complete any work, and or planned assessments set by the assessor in the required timeframe.
* To commit to all aspects of on and off the job training discussed and identified on my individual learning plan that equates to 20% of off the job learning. Staff commencing the Nursing Associate Apprenticeship will require 40% of off the job learning to meet the requirements of the award.
* To ask manager/assessor for support or help if needed, and to update assessor of any issues in keeping with the funding rules for apprenticeships for employer providers [www.gov.uk/government/publications/apprenticeship-funding-and-performance-management-rules-2017-to-2018](http://www.gov.uk/government/publications/apprenticeship-funding-and-performance-management-rules-2017-to-2018)
* To abide by the Approved Provider for the apprenticeship delivery including their own terms and conditions and standard operating procedures at all times, discussing with either a line manager or a member of the apprentice team in respect of any query relating to their internal policies etc.
* To provide upon request of authorised person (s) any documentation, attendance of meetings or discussions as part of any internal or external audits of the approved apprenticeship training provider.
* Make certain that any information that is provided to the approved training provider is accurate and correct to the best of your knowledge.
* To make certain that you adhere to your individual contract of employment between yourself and LCHS NHS Trust and provide evidence of your contract of employment, Job Description & any prior learning to the approved training provider at your earliest opportunity upon request.

**Apprentice Training Provider Commitment:** – LCHS NHS Trust Accredited Centre of Excellence

**We agree to:**

* Support all learning aims that have been identified on the individual learning plan including registering and certificating your apprenticeship. This may include sub-contract arrangements.
* To make contact with the apprentice on a regular basis (4 weeks approx.) also to undertake a review of the programme every 12 weeks.
* Only use information about your apprenticeship in accordance with the technical guidance for funding apprentices and employer provider rules by the Education and Skills Funding Agency which also meet all aspects within the Data Protection Act 1998.
* Maintain and uphold our Safeguarding, PREVENT, Equality and Health & Safety and any legal responsibilities in accordance with LCHS NHS Trust policies and procedure [www.lincolnshirecommunityhealthservices.nhs.uk](http://www.lincolnshirecommunityhealthservices.nhs.uk)
* Ensure that you have the contact details of your Assessor/Internal Quality Assurer available through your on line portfolio. All other enquiries can be received through Abigail Clayson Training Assistant 01522 308772
* Maintain all quality procedures in accordance and as part of your apprenticeship training.
* Respond to any requests made by the apprentice in relation to information, guidance and support in relation to personal, organisational development.
* Assess and quality assure your evidence towards the apprenticeship in a timely manner.
* Provide a safe place of learning.
* Deal with all enquiries/complaints internally in the first instance and then share with you the escalation process to the appropriate regulatory body such as OFQUAL, OFSTED or EFSA.

I agree to the commitment outlined above and understand that failure to provide accurate information, inform training providers of any changes to the staff member’s working hours/conditions or to keep the training provider apprised of any changes that could impact the apprenticeship delivery/achievement can result in potential withdrawal of funding with the Education and Skills Funding Agency.

**Data Protection**  
Accreditaed Centre of Excellance (ACE) collects information about all its learners for a various administrative, academic, health and safety reaons and to comply with equal opportunies and dicrimation legislation. In signing this form, I agree to ACE processing personal data contained in this form or other data which may obtain from me or other people whist I am a learner. I agree to the processing of such data for any purpose connected with my studies or my health and safety whist on the premises or for any other legitmate reason. Information about data confidentiality is available on request from ACE.

**Line Manager**:

Name:……………………………………………………………………………..

Signature:…………………………………………………………………..…… Date:……………………………………………..

**Apprentice:**

Name:……………………………………………………………………………..

Signature:………………………………………………………..……………… Date:……………………………………………..

**ACE Representative:**

Name:………………………………………………………………………………

Signature:……………………………………………………..…………...…… Date:…………………………………….………..

**Section**

**Section**

**5**

**Equality Monitoring Information – Please read!**

The Accredited Centre of Excellence is committed to celebrating diversity and promoting equality of opportunity across all the ‘protected characteristics’ as defined by the Equality Act 2010 for education development and training within its Centre.

However, in order to ensure we provide an inclusive and supportive environment for all our Apprentices and to fulfil our legal obligations, we need to ask you certain information about yourself related to equality and diversity.  
  
We understand that for a variety of reasons you may be reluctant to disclose all or some of the data we ask for but please be assured that it will be held within our Centre in the strictest confidence.  It will be used anonymously for statistical purposes for instance, internally in conjunction with the Equality and Diversity Service to find out if our equality policies are working effectively and help us decide our priorities for action, and externally, for approved external awarding organisations and regulators such as Pearson or OFSTED who may collect and monitor data from all approved apprentice providers. The form will not be kept separate from your application form and will not be seen by those involved in selecting apprentices

**Apprentices who disclose disabilities**

If you have a disability, disclosure can also bring additional benefits.  Every apprentice situation may be different and it can change during the course of both employment and award.  Disclosure of your disability will allow us to consider “reasonable adjustments” with you according to your needs and may provide access to support from the relevant awarding organisation.

**Equality Monitoring Form**

(Strictly Confidential)

**Apprenticeship applied for………………………………………………………………………………………**

**1) Ethnic Origin 4) Religion / Belief**

**I would describe my ethnic origin as which group do you most identify with?**

White ❑ No religion ❑

Asian or Asian British - Indian ❑ Baha’i ❑

Asian or Asian British - Pakistani ❑ Buddhist ❑

Asian or Asian British **-** Bangladeshi ❑ Christian ❑

Other Asian background\* ❑ Hindu ❑

Black or Black British - Caribbean ❑ Jain ❑

Black or Black British – African ❑ Jewish ❑

Other Black background\* ❑ Muslim ❑

Chinese ❑ Sikh ❑

Mixed – White and Asian ❑ Other (please specify)\* ❑

Mixed – White and Black Caribbean ❑ Prefer not to say ❑

Mixed - White and Black African ❑  
Other Mixed background\* ❑   
Other Ethnic background\* ❑  
Prefer not to say ❑

\*Please specify**……………………………....**

\*Please specify**…………………………….**

**5) Sexual Orientation**

**Which of the following best describes you?**

Bisexual ❑  
Gay Man ❑  
Heterosexual/Straight ❑  
Lesbian/Gay Woman ❑  
Prefer not to say **❑**

**2) Nationality**

**What is your Nationality?**

**…………………………………………………...**

**6) Gender**

Male **❑** Female **❑**

**Is your gender identity the same as the gender you were assigned at birth?**

Yes ❑ No ❑ Prefer not to say ❑

**3) Marital Status**

**Are you?**

Married ❑

Separated / divorced ❑

Single (never married) ❑

Widowed ❑

Prefer not to say ❑

Other please specify ❑

E.g. Civil Partner

**7) Disability**

Under the Equality Act 2010 the definition of the protected characteristic of disability is:

“A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day to day activities”.

**Do you consider yourself to be disabled as described above?**

❑ Yes

❑ No

❑ Prefer not to say

**If yes, please tick the type of impairment which applies to you (you may tick more than one type)**

❑ Specific learning disability

(Such as Dyslexia or Dyspraxia)

❑ General learning disability

(Such as Down’s syndrome)

❑ Cognitive impairment

(Such as Autistic Spectrum Disorder or resulting from head injury)

❑ Long standing illness or health condition

(Such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

❑ Mental health condition

(Such as Depression or Schizophrenia)

❑ Physical impairment or mobility issues

(Such as difficulty using arms or using a wheelchair or crutches)

❑ Deaf or serious hearing impairment

❑ Blind or serious visual impairment

❑ Other type of disability

**Section**

**6**

**Complain about a further education college or apprenticeship**

Tell your tutor, human resources team or line manager if you have a complaint - your organisations may be able to solve your problem informally.

**Make a formal complaint:**

* You can make a formal complaint if you aren’t able to solve your issue informally, or don’t want to.
* You must follow your organisation’s published complaints procedure.

If you don’t have the complaints procedures ask the human resources team or people manager at your organisations for a copy.

**The complaints procedure should tell you:**

* what you need to send to make your complaint, e.g. a completed form or written evidence
* where to send your complaint
* how the organisations will treat your complaint, e.g. who will see it and possible outcomes
* when you can expect a decision

**If you’re unhappy with the outcome:**

You can complain to the Skills Funding Agency (SFA) about how your complaint was handled as long as your organisations are one of the following:

* a further education college
* an adult learning organisations that offers qualifications
* a business running an [apprenticeship scheme](https://www.gov.uk/take-on-an-apprentice)

You must contact the SFA within 3 months of getting a decision from your organisations. Email or post your complaint to the SFA complaints team:

**SFA complaints team** [complaintsteam@sfa.bis.gov.uk](mailto:complaintsteam@sfa.bis.gov.uk)

Complaints team   
Skills Funding Agency   
Cheylesmore House   
Quinton Road   
Coventry   
CV1 2WT

SFA will acknowledge your complaint within 5 days and will let you know what will happen next. **If you’re unhappy with the SFA response.** You can write to the complaints adjudicator to decide on your case if you’re unhappy with how the SFA has dealt with your complaint.

**Complaints adjudicator**  
Legal and information compliance  
Skills Funding Agency  
Cheylesmore House  
Quinton Road  
Coventry  
CV1 2WT

**Section**

**7**

**How did you find out about this course? (Please tick in box)**

|  |  |
| --- | --- |
|  | Appraisal |
|  | Colleague |
|  | Manager |
|  | Poster |
|  | Screensaver |
|  | Intranet |
|  | Weekly Update emails |
|  | Information, advice and guidance session |
|  | Other (please state below) |
|  |  |

Please return completed form to Abbie Clayson at [abigail.clayson@lincs-chs.nhs.uk](mailto:abigail.clayson@lincs-chs.nhs.uk)

Education & Workforce Development Team, Beech House, Witham Park, Waterside South, Lincoln LN5 7JH