Apprentice CHECKLIST and Eligibility Declaration

Please complete the form in full. This will allow us to verify the information and the supporting documentation you have provided and to review your eligibility for the Apprenticeship Programme you are applying for.

The information we are asking you to provide below, is mandatory information that is required to validate and progress your application. Confirmation of apprenticeship eligibility does not constitute a successful application for the apprenticeship programme.

Section 1: About you

* 1. Personal details

|  |  |
| --- | --- |
| **Full Name** |  |
| **Previous Surnames** |  |
| **Date of Birth** | Click or tap to enter a date. |
| **National Insurance Number** |  |
| **Ethnicity** | Choose an item. |
| **Do you have an Education, Health, and Care Plan (EHCP), or have been in the care of your local authority?** | [ ]  Yes | [ ]  No |

1.2 Contact details

|  |  |
| --- | --- |
| **Work Address** |  |
| **Preferred Email** |  |
| **Contact Number** |  |

* 1. Job and employment status

|  |  |
| --- | --- |
| **Job title** |  |
| **What date did you start in the role/ job that you will be working in during your apprenticeship?** | Click or tap to enter a date. |
| **How many hours per week are you contracted to work?** |  |
| **What kind of contract are you on?** | Choose an item. |
| **Please select the option that best describes your employment status the day before your induction with Loughborough University** | [ ]  In paid employment[ ]  Not in paid employment, not looking for work[ ]  Not in paid employment, looking for work  |

* 1. Residency

To use funds in the employer’s apprenticeship service account or government employer co-investment, you must have a valid and eligible residency status. You will be required to show us these documents in order for us to record the reference numbers to verify the information you provide

|  |  |  |
| --- | --- | --- |
| **Are you a UK national?** | [ ]  Yes | [ ]  No |
| **Have you been ordinarily resident in the UK for the last 3 years?** | [ ]  Yes | [ ]  No |
| **Do you have the right to work in England?** | [ ]  Yes | [ ]  No |
| **Have you obtained pre-settled or settled status under EUSS?** | [ ]  Yes | [ ]  No | [ ]  n/a |
| **Type of identification (ID)** |  |
| **ID reference number** |  |
| **Valid from/to** | Click or tap to enter a date. | Click or tap to enter a date. |
| **Country of issue** |  |
| **Are you required to have a Visa to remain in the UK?** | [ ]  Yes | [ ]  No |
| **What Visa do you hold?** |  |
| **Valid from/to** | Click or tap to enter a date. | Click or tap to enter a date. |
| **Please provide any additional commentary regarding your residency that has not already been captured** |  |

Section 2: About your employer

2.1 Company details

|  |  |
| --- | --- |
| **Company name**  |  |
| **Workplace address, including postcode**  |  |

2.2 Line manager details

|  |  |
| --- | --- |
| **Full name**  |  |
| **Workplace address, including postcode** |  |
| **Work email** |  |
| **Contact number** |  |

2.3 Workplace mentor details (if different from above)

|  |  |
| --- | --- |
| **Full name**  |  |
| **Workplace address, including postcode** |  |
| **Work email** |  |
| **Contact number** |  |

Section 3: Learning difficulties/disabilities

We are committed to supporting apprentices and helping them achieve the best results. Please let us know if you identify with any of the following learning needs. This information is used (in confidence) by the apprenticeship administration team and you may be contacted to discuss your individual needs prior to programme launch. The information is also shared with the Education and Skills Funding Agency (ESFA) once the apprenticeship is set-up.

NOTE: Upon application via the University portal, you will be asked further about any additional learning support requirements. This will notify the University’s Student Wellbeing and Inclusivity Service (SWAI) to conduct a full assessment of your needs before confirming the specific support we can provide.

|  |  |  |
| --- | --- | --- |
| **Do you consider yourself to have learning difficulties/disabilities** | [ ]  Yes | [ ]  No |
| **Please select from the below options those that apply to you** |
| [ ]  4 Visual impairment [ ]  5 Hearing impairment [ ]  6 Disability affecting mobility [ ]  7 Profound complex disabilities [ ]  8 Social and emotional difficulties [ ]  9 Mental health difficulty [ ]  10 Moderate learning difficulty [ ]  11 Severe learning difficulty [ ]  12 Dyslexia [ ]  13 Dyscalculia [ ]  14 Autism spectrum disorder [ ]  15 Asperger’s syndrome [ ]  16 Temporary disability after illness (for example post-viral) or accident [ ]  17 Speech, Language and Communication Needs [ ]  93 Other physical disability [ ]  94 Other specific learning difficulty (eg Dyspraxia) [ ]  95 Other medical condition (eg epilepsy, asthma, diabetes) [ ]  96 Other learning difficulty [ ]  97 Other disability [ ]  98 Prefer not to say |
| **If you have chosen more than one, please choose a primary difficulty/disability** | Choose an item. |
| **Do you consent to being contacted by the apprenticeship team regarding Additional Learning Support, where appropriate?** | [ ]  Yes | [ ]  No |

Section 4: Apprentice declarations and signatures

By signing this form, you are confirming that the statements made in this eligibility are true and that if any information that you have submitted changes, you will notify the University immediately. You are also confirming that the below general principles are in place and that you ready to start your apprenticeship.

* You can complete the apprenticeship within the time you have available, and your employer will provide the 20% off the job time needed within your usual working hours.
* You hold a contract of employment with your employer that is for a period of time which is long enough for the apprentice to complete the apprenticeship, including the end-point assessment.
* You are paid a wage by your employer which is at least consistent with the law.
* You are not enrolled on another apprenticeship, or another DfE funded FE/HE programme, at the same time as your apprenticeship.
* You will spend over 50% of your time during the apprenticeship working in England.
* You have not been asked to contribute financially to the costs of your apprenticeship and will terminate your student loan if you have one.
* You will provide the evidence for your age and prior attainment in maths, English, and any other relevant qualifications before your employer signs the contract for your apprenticeship.
* You will complete an Individual Assessment (Skills Scan) to compare the content of the apprenticeship with your existing and prior qualifications and experience. This is also evidence and information to help shape course content and costs and must be completed prior to contracting.
* You understand that without all these pieces of evidence, your apprenticeship cannot commence.
* You understand that in registering for your apprenticeship you will be giving consent to Loughborough University to share your details with the End Point Assessment Organisation selected by your employer for the purposes of registering you for your apprenticeship end point assessment, as well as with any Professional, Statutory, Regulatory, and external awarding bodies, where applicable

|  |  |
| --- | --- |
| **Apprentice signature** |  |
| **Date of signature** | Click or tap to enter a date. |

Section 5: Office checklist and signatures (\*\*\*For office use only\*\*\*)

Please sign below to verify that this document has been completed to a satisfactory standard and that you are content that the employer is eligible

|  |  |
| --- | --- |
| **Office representative name** |  |
| **Office representative job title** |  |
| **Office representative signature** |  |
| **Date of signature** | Click or tap to enter a date. |