Apprenticeship Supplementary Application Form

Please ensure you and your Employer complete all relevant parts of this Supplementary Application Form and that your completed form is submitted with your application.

**We are unable to consider applications without a complete Supplementary Application form.**

Candidate information

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Email address** |  |
| **Current position in your company** |  |
| **Please provide a bullet point summary of your role responsibilities and please also comment briefly on where you see a linkage to the learning outcomes of the apprenticeship programme.** |  |

**For completion by Employer (This can be by Line Manager or other relevant employer representative)**

Please complete the following questions in support of the apprenticeship application.

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Name of Employer** |  |
| **First line of Employers Address** |  |
| **Town or city** |  |
| **Postcode** |  |

**Endorsement**

Can you confirm that the candidate information provided above in relation to associated duties with job role is correct?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**Resources and Support for Development**

How will you ensure that the candidate has the time and resources needed to successfully balance their dual role as both an employee and a learner? This includes:

* Ensuring that the apprentice has the opportunity to undertake projects/tasks within the job role that are related to the learning outcomes of the programme
* Support the apprentice to identify suitable workplace projects to satisfy course assessment requirements
* Providing the apprentice with relevant ‘off the job’ learning time to dedicate to their studies, including day release in line with the programme timetable.
* Appointing a relevant workplace mentor to support the apprentice and to attend review meetings with the University every 2 months (in many cases this is the apprentice line manager but could be another relevant staff member within the organisation)

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**Mentor Appointment**  
Has your organisation identified a suitable workplace mentor to support the development of the apprentice? (as mentioned above this in many cases is the line manager but could also be another member of staff with relevant experience)

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| --- | --- |
| Yes |  |
| No |  |

If yes, please provide the name and role of the mentor

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