**Expression of interest form**

**Apprenticeship Training for existing staff**

Name:

Current Role: Band:

Contact Email: Contact phone number:

Ward / department: Work contact number:

NI Number:

**Band 1-4 Clinical staff only**

Start date in Trust: Care certificate completed yes / no

|  |  |  |
| --- | --- | --- |
| Previous qualifications | Please tick all of those you have | Subject |
| NVQ / QCF or Apprenticeship Level 2 |  |  |
| NVQ / QCF or Advanced Apprenticeship Level 3 |  |  |
| Foundation Degree or Higher Apprenticeship Level 4 / 5 |  |  |
| Level 5 Diploma |  |  |
| Level 6 Degree or higher |  |  |

**Title of Apprenticeship applied for:**

Declaration

* I understand that I will need to work a minimum of 30 hours per week
* I have been a UK resident for at least 3 years
* I agree to meet with my assessor as arranged and complete work on time
* My manager will support me with 2-3 hours of study per week within the 20% off the job learning \*
* (**Clinical only**) I understand that if I undertake an Advanced Apprenticeship (level 3) I will not be able to

access band 3 competency training upon completion if employed as a band 2

Signed: Date:

**To be completed by applicant’s line manager**

Was this training identified through Appraisal? Yes / No

Is this Course identified on the staff members current Personal Development Plan (PDP)? Yes / No

I (Name) undertake to support both this course application and protected study time of 2-3 hours per week within the 20% off the job learning \*.

Signed: Date:

Job Title: Department:

\* Off-the-job training must be directly relevant to the apprenticeship standard and could include:

• The teaching of theory (for example, lectures, role playing, simulation exercises, online learning, manufacturer training).

• Practical training; shadowing; mentoring; industry visits and attendance at competitions.

• Learning support and time spent writing assessments/assignments.

Off-the-job training does not include:

• English and Maths (up to level two) which is funded separately

• Progress reviews or on-programme assessment required for an apprenticeship standard

• Training which takes place outside the apprentice’s paid working hours (work completed at home in their own time)

Please return to Nicola Green Training & Development Lead for the Wider Workforce, The Academy, Lower Ground Floor, GWH or email to [Nicola.green@gwh.nhs.uk](mailto:Nicola.green@gwh.nhs.uk)

**Please complete monitoring information (page3)**

**MONITORING INFORMATION**

PLEASE COMPLETE ALL SECTIONS (this information to help us to monitor the equality of access to the Academy)

This section of the expression form will be detached and will not be used as part of the application process. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply for training. In this way, they can check that they are complying with the Equality Act 2010.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

|  |  |
| --- | --- |
| Please state your date of birth |  |
| Please indicate your gender | 🞎 Male  🞎 Female  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people who are married or in a civil partnership.

|  |  |
| --- | --- |
| \* Please indicate the option which best describes your marital status | |
| 🞎 Married  🞎 Single  🞎 Civil partnership  🞎 Legally separated | 🞎 Divorced  🞎 Widowed  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

|  |  |
| --- | --- |
| \* Please indicate the option which best describes your sexual orientation | |
| 🞎 Lesbian  🞎 Gay  🞎 Bisexual | 🞎 Heterosexual  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

|  |  |  |
| --- | --- | --- |
| Please indicate your ethnic origin | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | **Mixed**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 British  🞎 Irish  🞎 Any other White background | **Other Ethnic Group**  🞎 Chinese  🞎 Any other ethnic group  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

|  |  |  |
| --- | --- | --- |
| \* Please indicate your religion or belief | | |
| 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Hinduism | 🞎 Islam  🞎 Jainism  🞎 Judaism  🞎 Sikhism | 🞎 Other  🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that appropriate support is in place to aid learning.

|  |  |
| --- | --- |
| \* Do you consider yourself to have a disability? | 🞎 Yes 🞎 No  🞎 I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | |
| 🞎 Physical impairment 🞎 Learning Disability/Difficulty  🞎 Sensory impairment 🞎 Long-standing illness  🞎 Mental health condition 🞎 Other | |
| If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification? | |
| 🞎 Yes 🞎 No | |