**Apprenticeship – Expression of Interest**

**What’s involved?**

Apprenticeships can be undertaken during employment at Kingston Hospital NHS FT & HRCH – all apprentices have to have a contract of employment and sign an apprenticeship agreement with their manager and the main provider of the apprenticeship.

An Apprenticeship training programme must be a minimum of one year and is based on an apprentice working 30-hour weeks on average (anything less than 30 hours, then the minimum duration of the apprenticeship has to be prorated but the apprentice must work enough hours each week so that they can undertake sufficient regular training and on the job activity).

Existing staff terms and conditions will remain the same and will not be affected by enrolling on to an apprenticeship programme.

The only time your terms and conditions will change is if you apply for a specific apprenticeship role leading to a professional qualification. You will know at the outset if you are applying for a programme which will lead to a change in your existing terms and conditions.

20% of the apprentice’s time must be spent ‘off – the job’ which must be directly relevant to

the apprenticeship standard and could include the following:

* The teaching of theory (for example: lectures, role playing, simulation exercises, online learning, or manufacturer training).
* Practical training: shadowing, mentoring, and working with other departments/divisions/stakeholders.
* Learning support and time spent writing assessments/assignments.

Off-the-job training does not include:

* English and maths (up to level 2) which is studied separately (if the qualification is not held).
* Progress reviews or on-programme assessment needed for an apprenticeship standard.
* Training which takes place outside the apprentice’s normal working hours (this cannot count towards the 20% off-the-job training).

**Eligibility Criteria**

An individual must be:

* training for a new job role, or
* training in an existing job role but require significant new knowledge and skills.

Existing staff will have had the development need identified in collaboration with their

manager and demonstrated sustained high performance or potential in order for the

investment to be endorsed.

An individual may undertake an apprenticeship at a higher level than a qualification they

already hold, including a previous apprenticeship. They can also undertake an

apprenticeship at the same or lower level than a qualification they already hold, if the

apprenticeship will enable the individual to acquire substantive new skills, and it can be

evidenced that the content of the training is materially different from any prior qualification or

a previous apprenticeship.

Other factors to consider are:

* Apprentices should not be enrolled on another Apprenticeship at the same time as any new apprenticeship they start.
* Spend at least 50% of their working hours in England over the duration of the apprenticeship.
* Numeracy and Literacy are integral to an apprenticeship and evidence of maths and English qualifications will be required – the minimum acceptable grade varies depending on the level of apprenticeship. Holding a degree/masters level qualification is not necessarily evidence of attaining the minimum acceptable grade in maths and English. If you do not meet the minimum requirements/cannot provide acceptable evidence, then the training provider will support you to gain these qualifications.

**How do I apply?**

For apprenticeships provided by Kingston Hospital NHS FT & HRCH you must complete the ‘apprenticeship expression of interest’ form and obtain approval to enrol in an apprenticeship from your line manager. Your expression of interest must also be endorsed by your Head of Department/Service.

Once approved, you need to send the expression of interest form to the apprenticeship team ([jemma-louise.ford1@nhs.net](mailto:jemma-louise.ford1@nhs.net)) they will then consider your application for funding from the apprenticeship levy. If your request is successful, you will then be invited to meet with the training provider to discuss the apprenticeship programme and your eligibility to enrol on the apprenticeship programme.

Once your eligibility has been confirmed, you will be asked to sign the apprenticeship agreement form which will be held by the apprenticeship team.

Once you have had your place confirmed, you will be able to enrol on the course. You and your manager will also be asked to complete a commitment statement which sets out how you, your manager and your training provider will support you through to the successful achievement of the apprenticeship. It is important that the person that is managing you on a day-to-day basis is fully aware of the commitments that have been made. Copies of forms relating to your apprenticeship need to be sent to Corporate Education.

Applications from individuals undergoing performance management or facing disciplinary.

action may not be considered.

**Apprenticeship: Expression of Interest Form**

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| Name : | | | Band |
| Team : | | | |
| Service/Borough : | | | |
| Division : | | | |
| Line Manager : | | | |
| Line Manager email : | | | |
| Programme of Study : | | | |
| Anticipated start and finish Date of programme. | From | To | |
| Training Provider: | | | |
| Apprenticeship Level: | | | |
| Qualifications you hold in this subject/field: | | | |
| Rationale and benefits for undertaking Apprenticeship. | | | |

Please specify if you have any additional learning needs:

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Signature of Manager………………………………………………………………………….………………………………..

Signature by Head of Department/Service……………………………………………..……………………………..

Electronic signatures are acceptable provided the managers are copied into the return email.

Please return to: [jemma-louise.ford1@nhs.net](mailto:jemma-louise.ford1@nhs.net)

**Apprenticeships (Work Based Learning Qualifications) Application Form.**

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| **1. APPRENTICESHIP APPLICATION: WORK DETAILS** | |
| In capital letters – Full name:  As on your ESR portal & NHS email |  |
| Band: |  |
| Post Title: |  |
| Dept/Ward: |  |
| Start date at KHFT/HRCH |  |
| Email: |  |
| Extension/Bleep no: |  |
| Mobile Telephone: |  |
| Do you meet the criteria? |  |
| Is this apprenticeship identified through your appraisal? |  |
| Date of your last appraisal: |  |
| Is your statutory and mandatory training up to date? (This will be checked and verified) | Choose an item. |
| Brief Description of your current role? |  |
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| **2. APPRENTICESHIP YOU ARE APPLYING FOR:** | |
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| Apprenticeship programme title you are applying for: |  |
| Is this apprenticeship essential to your role? |  |
| Name of the Provider of the apprenticeship e.g., Waverley? |  |
| Course Title: |  |
| Course duration – if known: |  |
| Start date: |  |
| At the end of the apprenticeship programme would you be prepared to become a ‘buddy’ for a new apprentice, and help the new learner along with their own apprenticeship journey? |  |

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| **3. PERSONAL DETAILS:** | |
| Date of birth: |  |
| Address: |  |
| Contact number: |  |
| Gender: |  |
| Ethnicity (Please circle) | White / Black / Mixed / Chinese / Asian / Other |
| Do you consider yourself to have any long-term disability, health problem or any learning difficulties? |  |
| Applicant Signature: |  |
| Date: |  |

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| **4. Qualifications and Training:** | |
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| GCSE or Functional skills in maths / Yes, or No: |  |
| If yes to the above question – Grade achieved: |  |
| GCSE or Functional skills in English / yes or no: |  |
| If yes to the above question – Grade achieved: |  |
| Have you previously been on an Apprenticeship? |  |
| If yes – please state, the subject and level: |  |
| Start date: |  |

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| **5. Please describe how you believe this apprenticeship will benefit you, your department, and the wider organisation:** |
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| **6. Learning Contract** |
| The Trust is investing in you by allowing you to do this Apprenticeship and giving you study time to support your development. Therefore, you must make a commitment to complete this qualification in the agreed timeframe. Note that a break in learning will only be agreed under certain special circumstances.  You are required to:   * Ensure that you have understood the requirements of your Apprenticeship and are able to comply with these. * Ensure that you are available to attend all meetings with your tutor and have arranged appropriate study leave time with your line manager. * Ensure you record all of your ‘off-the-job’ training as advised by your training provider. * Complete all work required by the agreed deadlines. * Pay for your own travel costs to and from any lectures or tutorials as requested by the provider. * Agree to the Trust contacting the training provider as appropriate to confirm your attendance and progress, complying with the Data Protection Act on the release of such information. * Agree that information may be shared with your manager or an appropriate person in the absence of a manager, relating to your progress. * Bring any difficulties being experienced that affect your studies to the attention of your tutor, manager, and Apprenticeship Manager as soon as possible. * Understand that higher level apprenticeships can restrict your working patterns, especially where placement hours and community placement are a requirement of the course.  |  |  | | --- | --- | | Signature: |  | | Date: |  | |

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| **7. CONFIRMATION OF AGREEMENT – LINE MANAGER.**  Managers are required to:   * **Be fully aware of the requirement for your Apprentice to spend a minimum of 6 hours of their normal working week on ‘off-the-job’ training relevant to the apprenticeship standard. This time is captured by the training provider and needs to be auditable. The impact of this on the department should have been considered.** * Allow time for your Apprentice to attend a one-off Apprenticeship induction, meetings with their tutor and any other course requirements that are part of the apprenticeship. * Monitor the progress of your Apprentice and alert the Apprenticeship Manager and the tutor of any issues which may affect the ability of the Apprentice to complete their learning. This includes applications for flexible working as the impact this may have on the requirements of their apprenticeship will need to be measured prior to approval. * Ensure the Apprentice is able to practice their skills and knowledge during their working day and that any required experiences to support the training are provided. | |
| Name and role of the line manager: |  |
| Department: |  |
| Email: |  |
| Extension number or bleep: |  |
| What study time has been agreed for this activity (i.e number of days) including any agreed for exams? |  |
| Please state why you are supporting this application? |  |
| Is the course/activity requested essential to the individual’s role/department requirements? | Choose an item. |
| Are you available to be contacted should we require further information? | Choose an item. |

**I confirm I give my agreement and will support the applicant in their undertaking of the activity.**

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| Line Managers Signature: |  |
| Date: |  |

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| **On completion, please return this form to:** [jemma-louise.ford1@nhs.net](mailto:jemma-louise.ford1@nhs.net) |