**Request for Apprenticeship Training (Schools)**

***Please note:***

Approval for Apprenticeship Levy Funding needs to be obtained prior to any training commitments being made with staff.

**Is this an external post?** Yes / No

**This form has been updated with information in Part 4, please ensure you peruse prior to submission**

**Please** **complete parts 1 and 2** of this form and return to: [Schools\_Apprentice@lincolnshire.gov.uk](mailto:Schools_Apprentice@lincolnshire.gov.uk)

**Part 1 – Description**

|  |  |  |
| --- | --- | --- |
| School Name |  | |
| DfE Number |  | |
| Full School Address including postcode |  | |
| Headteacher Name |  |
| Headteacher Contact details  (email address and phone number) |  | |
| Role and Grade of the proposed Apprenticeship training post |  | |
| Duration of Apprenticeship |  | |
| Preferred start date for apprenticeship training |  | |
| Name of Staff Member  *If recruitment required, please state TBC* |  | |
| Start Date of Employment  *If recruitment required, please state TBC* |  | |
| Employment Contract   * Full/Part Time * Permanent/Fixed Term * Equated Hours Worked Per Week |  | |
| Please provide supporting statement outlining rationale around the selection of current staff member:  *If recruitment required, please state N/A* |  | |

|  |  |
| --- | --- |
| [Institute of Apprenticeship Standards](https://www.instituteforapprenticeships.org/apprenticeship-standards/) *If standard still in development please select the appropriate framework below*  [Apprenticeship Frameworks](http://www.afo.sscalliance.org/frameworkslibrary/)  *Use the quick search menu, and ensure only current frameworks list is ticked* | |
| Framework or Standard Title: |  |
| Reference Number: |  |
| Level: |  |
| Typical Duration: |  |
| Maximum Funding: |  |
| Main Point of Contact for School: |  |

**\* Please note that once the apprenticeship levy has been exhausted, your budget holder may need to contribute 10 % of the total training cost of the apprenticeship – we will notify you as part of this application if this is the case**

**Part 2 – Senior Management Approval**

***(To be completed by School Governing Body)***

All requests for Apprenticeship training must be signed off by the appropriate Senior Governing Body and the box below completed prior to submission of this form.

|  |  |
| --- | --- |
| Name and position of person approving funding request: |  |
| Date: |  |
| Any additional comments: |  |

Please email completed form to [Schools\_Apprentice@licolnshire.gov.uk](mailto:Schools_Apprentice@licolnshire.gov.uk)

NB: The Apprenticeship Team requires 5 working days' notice in order to identify and contact the manager to discuss the outcome and agree next steps.

**Part 3 – Confirmation of funding**

***(to be completed by the Apprenticeship Team)***

|  |  |
| --- | --- |
| Enquiry Number: |  |
| Framework /Standard agreed: |  |
| Funding agreed: |  |
| Provisional start date discussed: |  |
| Comments and follow up information: |  |
| Date Main Point of Contact for School advised: |  |
| Signed by staff member within Apprenticeship Team: |  |

**Part 4 –Apprenticeship Training Provider Selection**

**Update process as of 26/05/2018**

As per public procurement rules, we need to undertake a transparent process in order to meet our obligation of an equitable selection process.

On receipt of this form, a desktop evaluation will be sent to the main point of contact where instructions will be provided on how to complete the process. All delivery plans of apprenticeship providers who have been selected to join our catalogue of approved providers will be available for you to peruse and make the right selection based on the team's individual needs and preferences. The completed desktop evaluation will need to be returned to the Apprenticeship Team for processing.

On receipt, the Apprenticeship Team will agree and formalise a contract of training provision on behalf of Lincolnshire County Council with the awarded provider; details of which will also be shared with you.