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| **SHARED SERVICES CENTRE USE ONLY** | **APPOINTMENT OF AN APPRENTICE** **– Part A** | **Derbyshire County Council logo in black.** |
| **SAP No.** |  | **Checked By** |  |
| **File Log** |  | **A&I Check** |  |
| **CRB Issued** |  | **Med Issued** |  |
| **CRB Clear/Port** |  | **Med Clear** |  |
| **NQT Notification** |  | **Section 1** |  |
| **Contract** |  |
|  |
| **Please ensure that the Apprenticeship Agreement with the provider meets minimum apprenticeship requirements as specified in the guidance available on the schools Extranet** |
| **This section is to be completed by the School**  |
| ***The successful candidate must be informed that the offer of employment is subject to satisfactory pre-employment checks. Failure to complete all information may result in delay of payment.*** |

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| **School** |  | **School DfE no** |  |
| **Appointment Details** |
| **Title** | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **Dr** |  | **Other (specify)** |  |
| **Initial(s)** |  |  |  |  |  | **Forename(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Skill, trade or occupation for which the Apprentice is being trained e.g. Teaching Assistant** |  |
|  |  |
| **Does this job purely relate to extended or ‘wraparound’ services** | **Yes / No** |

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| If employed on a term time only apprenticeship the hours per week will need to be increased and/or the end date will need to be extended for a period greater than one year. This will ensure they actual undertake work for a period of least 52 weeks (366 days). Apprentices working at a level higher than Level 2 may be required to undertake work for longer than 52 weeks. Please refer to guidance on the Schools Extranet and also from your learning provider. |
| **Start date**  |  | **Estimated completion of learning date****(this will be used as the end date for the contract)** |  |
| **Date Med 1 issued by school** |  |

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| **Relevant Apprenticeship Framework**  |  | **Level**  |  |

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| **Hours per week** |  | **Weeks per year** |  |
| **Usual hours of work****(Mon – Fri inc unpaid lunch break)** | **Start Time** |  | **Finish Time** |  |

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| **Rate of Pay – The apprentice will be paid in accordance with the National Minimum Wage** |

**Asylum & Immigration**

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| With effect from 29 February 2008 Sections 15-25 of the Immigration Asylum and Nationality Act came into force. By authorising this form, you are confirming that you have verified original documentation and retained copies within school in accordance with ‘The Immigration Asylum and Nationality Act 2006 - Guidelines for Schools’. |

**Job and Person Details**

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| When submitting this form, please provide a copy of the relevant person profile and job specification. Alternatively, if this position has been advertised through Derbyshire County Council’s Traded Services, then the job number may be provided instead using the box below. |
| **Job Reference Number (Please use the following format; JOB/YY/NNNNN)** | **JOB/** |

**DBS Checks**

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| If you have adopted the DCC policy on portability of DBS checks and accepted a DBS clearance already undertaken by DCC for this employee, please provide |
| **Disclosure number**  |  | **Date of disclosure** |  |

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| ***A Contract of Employment will not be issued without confirmation***The Department for Education and the Council have produced guidance in relation to the DfE Statutory Guidance – Keeping Children Safe in Education, which details the criteria governing the staff affected. The guidance document can be found on the Extranet.  |
| **Does this employee meet the disqualification by association criteria?** | **Yes / No** |
| **If Yes - Please confirm that a satisfactory declaration has been received.** | **Yes / No** |
| **Has the candidate indicated on their application form that they have lived or worked abroad in any one country for 6 months or more since the age of 18** | **Yes / No** |
| **If yes have you obtained a certificate of good conduct**: | **Yes / No** |
| **Headteacher signature** |  |

**Declaration**

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| I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. |
|  |
| **Headteacher signature**  |  | **Date** |  |
|  |
| **Please upload onto Perspective Lite or Sharepoint, alternatively return to:****Traded Team****HR Services, County Hall, Derbyshire, Matlock, DE4 3AG** Any queries about completing this form, please email traded@derbyshire.gov.uk |

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|  | **APPOINTMENT OF AN APPRENTICE – Part B** | ***Derbyshire County Council logo in black.*** |
| **This section is to be completed by the apprentice**  |
| ***Failure to complete all information may result in delay of payment*** |

## Personal Details

|  |  |  |  |
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| **Skill, trade or occupation for which your apprenticeship relates to** |  | **School** |  |
|  |
| **Title** | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **Dr** |  | **Other (specify)** |  |
| **Initial(s)** |  |  |  |  |  | **Forename(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Gender** | **M** |  | **F** |  | **Date of Birth** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **National Insurance No.** |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Please provide your email address clearly as it will be used for DBS purposes.** |
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| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Home Telephone No.** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Mobile No.** |  |  |  |  |  |  |  |  |  |  |  |

## Bank Details

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| **Sort Code** **e.g. 00-09-67** |  |  |  |  |  |  |  |  | **Bank/Building Society Name** |  |
| **Account number****e.g. 12345678** |  |  |  |  |  |  |  |  | **Address** |  |
| **Account holder name or reference** |  |  |

## Trade Union Membership

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| If you object to your information being passed to the appropriate Trade Union for the purpose of recruitment, please tick here |  |

**Equal Opportunities Monitoring**

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|  | ***Please tick one*** |
| ***Yes*** | ***No*** |
| Do you consider yourself disabled? |  |  |
| Do you feel that you meet the Disability Discrimination Act (DDA) definition of disability? (If you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities) |  |  |
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|  |
| **Ethnic origin** |
| Select **only** one option from A – E; then tick **one** category within the option that indicates your **cultural background** |
| A) White | B) Mixed | C) Asian or Asian British | D) Black orBlack British | E) Chinese or otherethnic group |
| British | wb |  | White & Black Caribbean | mc |  | Indian | ai |  | Caribbean | bc |  | Chinese | oc |  |
| Irish | wi |  | White & Black African | mb |  | Pakistani | ap |  | African | ba |  | Arab | ot |  |
| Gypsy or Irish Traveller | wo |  | White & Asian | ma |  | Bangladeshi | ab |  | Other Black background | bo |  | Any other | ot |  |
| Other WhiteBackground | wo |  | Other Mixed background | mo |  | Other Asian background | oa |  |  |
| **Sexual Orientation** |
| Please tick **one box only** that identifies your **Sexual Orientation** \* see guidance |
| Heterosexual |  | Lesbian |  | Gay |  | Bisexual |  | Prefer not to say |  | Other |  |
| **Religion/Belief** |
| Please tick **one box only** that identifies your **Religion/Belief** \* see guidance |
| Buddhist |  | Christian (all denominations) |  | Hindu |  | Jewish |  | Muslim |  | Sikh |  | None |  | Other religion or belief |  | Prefer not to say |  |

**\*Sexual Orientation, Religion and Belief** - The Council is collecting monitoring information on **sexual** **orientation, religion and belief** to ensure it becomes an Employer of Choice, an inclusive council which values diversity, is representative of the community it serves and meets the objectives of its Equality and Diversity Policy.

**Declaration Statement**

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| Please sign and date below and ensure that the details you have provided within this document are complete and accurate.  |
|  |
| **Signed** |  | **Date** |  |
|  |

**Please upload onto Perspective Lite or Sharepoint, alternatively return to:**

**Traded Team**

**HR Services, County Hall, Derbyshire, Matlock, DE4 3AG**

 Any queries about completing this form, please email traded@derbyshire.gov.uk