**Expression of interest Form**

Please complete this form in BLOCK capitals

|  |
| --- |
| **Apprenticeship Interested in:** |
|  | Level |  |
| **Personal Details** |
| Title | Dr | Mr | Mrs | Miss | Ms | Other |  |
| Surname |  | Previous Surname | If Applicable |
| Forename(s) |  | Known As |  |
| Date of Birth |  |  |  |  |  |  |  |  | Male |  | Female |  |
| Permanent Address |  |
| Postcode |  |
| Telephone | Home |  | Mobile/Work |  |
| Email Address |  |
| NI Number |  |
| **Employment Details** |
| Job Title |  |
| Site Name |  |
| Business Unit |  | Division |  |
| Site Address  |  |
| Postcode |  |
| Hours Worked Per Week |  | If someone works shifts this can be an average over a monthly period. |
| Are you currently attending college or university? | YES |  | NO |  |
| **UK/European Economic Area Citizen** |
| Are you a UK or EEA citizen or do you have the right to abode in the UK? | YES |  | NO |  |
| Have you been a resident in the EEA for at least 3 years? | YES |  | NO |  |
| **Additional Support** To help Serco provide the best support for you, please tick the boxes if you consider yourself to have any of the following: |
| None |  | Temporary disability (eg illness/accident) |  | Physical condition (eg epilepsy, asthma) |  |
| Autism Spectrum Disorder |  | Visual impairment |  | Hearing impairment |  |
| Asperger’s Syndrome |  | Profound/complex disabilities |  | Emotional/behavioural difficulties |  |
| Severe learning difficulty |  | Dyslexia |  | Dyscalculia |  |
| Dyspraxia |  | ADHD/ADD |  | Mental Health difficulty |  |
| Social and emotional difficulties |  | Prefer not to say |  |  |  |
| Multiple learning difficulties |  | Mobility difficulty |  |  |  |
| **Education – More than one option can be ticked** |
| GCSE’s/O levels | 5 or more A – C |  | Less than 5 A - C |  | Year Ach |  |
| Maths Grade |  | English Grade |  | ICT Grade (if App) |  |
| CSE | 5 or more at Grade 1 |  | Less than 5 Grade 1 |  | Year Ach |  |
| A/AS Levels | 2 or more A levels or4 or more AS levels |  | 1 A level or 3 or less AS levels |  | Year Ach |  |
| If English, Maths or ICT at A/AS achieved complete grade | Maths |  | English |  | ICT |  |
| NVQ | Title |  | Level |  | Year |  |
| HNC/HND | Title |  | Completed | Yes |  | No |  |
| Degree | Title |  | Completed | Yes |  | No |  |
| Other | Title |  | Level |  | Year |  |
| NONE |  |  |
| **Following Skill Scan Recommended Apprenticeship to be undertaken is:** |
|  | Level |  |
| **Line Managers Approval** |
| I agree to the above staff member undertaking this apprenticeship and will support him/her through their programme. If line manager is available. |
| Signature |  | Date |  |
| Name Printed |  | Position |  |
| If the line manage is not available has the following been actioned? OFFICE USE ONLY |
| Email Sent - Date |  | Date Approval Received |  |
| **Identification Check – to confirm that the learner is who they say they are** |
| Identification check completed? | YES |  | Document Used |
| Passport  |  | Photo Driving Licence |  |
| Birth Certificate |  | Photo ID Badge |  |
| Other |  |
| Checked By |  | Signature |  | Date |  |
| **Applicants Declaration** |
| I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and completed. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be refused or, if already started on the programme will be exited with immediate effect. |
| **Signature** |  | **Date** |  |
| **Eligibility Confirmation** (to be completed by CSR Assessor) |
| Is learner eligible for programme applied for? | Yes |  | No |  |  |
| Signature of Representative |  | Date |  |
| Name Printed |  |

Please return form to Elisa Moores BDM-Healthcare elisa.moores@csr-group.co.uk