****

**Insert Trust logo/name**

**Expression of Interest Form**

**Apprenticeship Qualification**

Please return your completed form to [INSERT](mailto:apprenticeships@ouh.nhs.uk) EMAIL ADDRESS

Please complete **all** sections and ensure that you and your manager have completed the supporting statement and have signed the consent form of this document. If you have any questions, please contact the Apprenticeship Team.

**Strictly Confidential:** The information provided on this form will be treated in accordance with the General Data Protection Regulations 2018 (GDPR) and INSERT NAME OF TRUST Trust policies.

|  |  |
| --- | --- |
| **Section 1: Personal and Job Details** | |
| Name: | |
| Personal contact phone number: | Date of Birth: |
| Position/Job Role: | Band: Choose from dropdown list |
| Department/Ward: | Work email address: |
| Contract Type: Choose from dropdown list | Manager name and email address: |
| Division: Choose from dropdown list | Divisional Education Lead name: |
| Do you have the right to work in the UK?  Choose from dropdown list | Number of years lived in UK:  Choose from dropdown list |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 2: Qualification / Learning programme and Supporting Statement** | | | |
| List any previous qualifications achieved to date: |  | | |
| **English and Maths qualifications are essential to the apprenticeship route for apprenticeships Level 5**  **and above. All English and Maths qualifications must be evidenced with certificates.** | | | |
| **Maths and English qualifications**  *If you have an equivalent international qualification in English and/or Maths, you can convert this to a qualification type accepted on the Apprenticeship route by using the ENIC (previously UK NARIC).* | | **Maths:** | **English:** |
| Choose from dropdown list  Date achieved: …………… | Choose from dropdown list  Date achieved: …………... |
| If you don’t have the required qualification for either English or Maths, then please find information about Functional Skills courses [here.](https://haso.skillsforhealth.org.uk/skills-for-life/) | |
| **Apprenticeship that you are interested in undertaking**: Choose from dropdown list  If not on list, please detail: ………………………………………………………………………………………….……  If this Apprenticeship has a specific pathway you are interested in, please detail: …..…………………………... | | | |
| **Supporting Information** *(Please state below why you want to be considered for this programme, outline your current duties at work and explain how you believe it will make a difference to your practice, your patients, and your clinical/non-clinical working area).* | | | |

|  |  |
| --- | --- |
| **Section 3:** This section is to be signed and confirmed by your line manager who must also write a supporting statement. | |
| Managers Name: | Department / Ward: |
| E-mail address: | Contact Number: |
| **Manager’s Supporting Statement** *(Please confirm below how this qualification will benefit your staff member, patients (if relevant) and the clinical/ non-clinical area)*  Please note, there is a requirement that the learner will need **20% off-the-job training** (Dedicated Learning Time) | |

|  |
| --- |
| **Manager’s Declaration:** I confirm that:   * The applicant has is in an appropriate job role to demonstrate the apprenticeship competencies to achieve the apprenticeship. * The apprenticeship programme has been discussed with me and I have read and understood the relevant information. * I understand that there is requirement that the learner will need 20% off-the-job training. * I agree to support the applicant throughout this course.   **Manager Signature ………………………………………………………………. Date ………………………..** |

|  |
| --- |
| **Learner Declaration:** I confirm that the information that I have given is true and correct and that I have not withheld any information, which may be to my disadvantage. I understand that any false or misleading information may lead to a place on the course being withdrawn.  **Learner Signature …………………………………………………………..……. Date ………………………..** |

|  |
| --- |
| **Divisional Education Lead Signature:** I agree to support this learner on this apprenticeship programme and agree this is included in the Division’s workforce plan.  **Signature …………………………………………………………….……………. Date ………………………..**  **Name …………………………………………………………….………………….** |

**Equality Monitoring Form**

Oxford University Hospitals is committed to recruiting, retaining and developing a workforce that reflects the diverse communities that we serve. To do this it is vital that we monitor and analyse diversity information so that we can ensure that our processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group.

Completion of this form is voluntary; however, doing so will enable us to improve the experience of all who come into contact with the Trust.

Any information provided on this form will be treated as strictly confidential and used for statistical purposes only. No information will be published, or used in any way, that will allow individuals to be identified.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| I would describe my ethnic origin as: | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | **Mixed or Mixed British**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 White British  🞎 White Irish  🞎 Any other White background | **Other Ethnic Group**  🞎 Chinese  🞎 Any Other Ethnic Group  **Other**  🞎 I do not wish to disclose this |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be disabled?  The Equality Act 2010 defines disability as any physical or mental impairment that has a substantial impact on an individual’s ability to carry out day-to-day tasks for a period of 12 months or longer. | | | | |
| 🞎 Yes | | 🞎 No | 🞎 I do not wish to disclose this | |
| How would you describe the nature of your disability?  If you experience more than one, please select all that apply. If none of the categories apply, please select ‘other’. | | | | |
| 🞎 Physical | 🞎 Learning disability/difficulty | | | 🞎 Sensory |
| 🞎 Long-standing illness | 🞎 Mental health condition | | | 🞎 Other |