**Apprenticeship Training Programme Requirements Form**

|  |  |
| --- | --- |
| School name |   |
| School contact number |  |
| Apprentice coordinator |  |
| Title of training course |  |
| Possible planned start date |  | Estimated finish date |  |
| Cost of training course |  | Level of training programme |  |
| Preferred training course provider |  |
| Existing or New Staff  |  | Working hours per week |  |
| No of weeks per year |  | No of day per week |  |
| Pay grade |  | DBS required |  |
| Copy of Job Description provided   |  |  |  |

**Supporting comments** ………………………………………………………………………………

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Please return to:

Apprentice Specialist

Slough Borough Council

St Martins Place

Email: apprenticeships@slough.gov.uk

These requests will be discussed at the monthly Academy Board Meeting to review the requirements and confirm funding.

For official use:

|  |  |  |
| --- | --- | --- |
| Date received  | Date Taken to Academy Board | Funding agreed  |
|  |  |  |
| Request for additional funding  |  |  |
|  |  |  |