**Apprenticeship Training Programme Requirements Form**

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| --- | --- | --- | --- | --- |
| 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 |  |  |
|  |  |  |