**Apprentice Details Form**

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| --- | --- |
| School name |   |
| School contact number |  |
| Line manager/ Apprentice coordinator |  |
| Existing or New |  |
| Apprentice Job Title |  |
| Apprentice first name |  | Apprentice last name |  |
| Apprentice Job Description attached | YES/NO | Current DBS in place (existing staff) | YES/NO |
| Payroll no |  | DOB |  |
| Employment contract start date (if new apprentice) |  | Date of DBS application |  |
|  |  |  |  |
| Permanent Contract of Employment | YES/NO | Contracted working hours |  |
| Days per week |  | No of weeks per year |  |
| Name of Training course |  |
| Level of training |  | Duration of training course |  |
| Training Provider Name |  |
| Training Provider UK reference no (UKPRN) |  |
| Total apprentice programme price  |  |
| Planned training start date |  | Planned training finish date |  |