**Apprentice Details Form**

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