



DEGREE & HIGHER APPRENTICESHIP

EMPLOYER SUPPORT FORM

This form should be completed by your line manager after reading the accompanying programme information sheet which can be downloaded from the Apprenticeships at University of Hull website. Please download information from the Faculty website – www.hull.ac.uk/apprenticeships.

Please ensure that this employer's support form is sent with your application as we cannot process your application form without it.

Applicant's Details	
Applicant's Name	
Applicant's current job role	

Details of the new employer partner	
Name of the employer partner:	(Overall provider):
Service:	
Contact details:	
Correspondence address and postcode:	
Named Contact:	
Email address:	
Contact telephone number:	
Job Role:	

Support Details (if different from above)	
Name of practice supporter	
Job title of practice supporter	
Contact details of practice supporter	



Will you allow the nominated practice supporter to attend preparatory/support sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to support the member of staff to meet the requirements of the programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you facilitate attendance at the university as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you facilitate study time to support the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you facilitate access to IT and internet facilities for the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you identified an appropriate practice supporter for this student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional information	
Is the applicant able to study at level 4 (e.g. adult literacy and numeracy skills equivalent to level 2)? And have the necessary entry requirements? <i>(Students need to supply photocopied evidence of this with their application form).</i>	
Can you confirm that an enhanced DBS check has been done and that the apprentice is suitable to work with vulnerable adults and children?	(Please highlight as appropriate): Yes No DBS Date:
Can you confirm that occupational health screening has taken place and if any adjustments may be needed to support the apprentice whilst on external placements?	
Signature: Manager/employment representative	
Date:	