**WELSH GOVERNMENT APPRENTICESHIP RECOMMENDATION FORM**

**DIGITAL DATA AND TECHNOLOGY APPRENTICESHIP PATHWAY**

**PRIVACY NOTICE:**

ALS Training is committed to protecting and respecting your privacy. The learning programme you are applying for is funded either directly by Welsh Government or part funded via the European Social Fund (ESF) (through the Welsh Government). Taking part in this programme is dependent on you providing personal data.

Full details of our privacy notice can be found at: <https://www.alstraining.org.uk/uploads/ALS%20-Privacy%20Notice%20Learners.pdf>

Please confirm if you are unsuccessful in your application for this vacancy if you happy for ALS Training to retain your information and to contact you with regards to other opportunities:

Yes:  No:

**PLEASE ENSURE THAT ALL SECTIONS ARE FULLY COMPLETED**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Vacancy Title and Employer:** | **Welsh Government Apprenticeships 2019** |

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| **APPRENTICESHIP DETAILS** | | |
| **Name of Apprenticeship**  **(tick one box only)** | IT Software Web and Telecoms Professionals – Level 3 |  |
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| **ELIGIBILITY DETAILS** | | | |
| Eligibility criteria | | Yes | No |
| 1 | Do you have the right the live and work in the UK? |  |  |
| 2 | Are you ordinarily a resident in Wales, or |  |  |
| 3 | Have you legally left school? |  |  |
| 4 | Are you of compulsory school age? |  |  |
| 5 | Are you attending school or college full-time as a pupil or student? |  |  |
| 6 | Are you in full-time higher education? |  |  |
| 7 | Do you expect to return to full time /higher education in the next 12 months? |  |  |
| 8 | Do you intend to leave your employment in the next 12 months? |  |  |
| 9 | Are you an ineligible overseas national?  (See Work Based Learning Programme Specification Glossary of Terms for further guidance) |  |  |
| 10 | Are you in custody or on remand in custody? |  |  |
| 11 | Are you in receipt of an Assembly Learning Grant or Education Maintenance Allowance? |  |  |
| 12 | Are you supported by the UK Government’s Work Programme and have a contract of employment for less than 16 hours per week? |  |  |
| 13 | Are you taking part in any other employment or enterprise programmes funded directly by the UK Government or the Welsh Ministers? |  |  |
| 14 | Are you taking part in any other UK Government or Welsh Ministers funded vocational learning programme? |  |  |
| 15 | Are you taking part in any other EU funded employment or enterprise programme or vocational learning programmes (or any other form of EU funded scheme)? |  |  |
| 16 | Have you previously achieved a NVQ/Apprenticeship? |  |  |
| 17 | Do you hold a degree AND is the degree you hold in the same occupational route as this Apprenticeship Programme? |  |  |
| 18 | Please insert details of your degree and an explanation on how it differs from the vocational qualification you are applying for: |  |  |

**VALIDATION – ORIGINAL REQUIRED TO BE PRODUCED IF SUCCESSFUL**

**Please confirm in each section which of the documents you can produce in original format if requested:**

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| **VALIDATION 1:** | | |
| **Legal Right to Live and Work**  Can you provide one of the following? | Please tick as appropriate  | **OFFICE USE ONLY**  (EVIDENCE VERIFIED – SIGNED AND DATED |
| Valid Passport | Yes No |  |
| National Insurance Number (plastic card or letter from HMRC) | Yes No |  |

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| **VALIDATION 2:** | | |
| Can you provide evidence of your highest level of qualification currently held? | Please tick as appropriate  | **OFFICE USE ONLY**  (EVIDENCE VERIFIED – SIGNED AND DATED |
| Original Certificate | Yes No |  |

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| **VALIDATION 4:** | | |
| **Age** – Can you **provide** one of the following? | Please tick as appropriate  | **OFFICE USE ONLY**  (EVIDENCE VERIFIED – SIGNED AND DATED |
| Birth Certificate | Yes No |  |
| Valid Driving Licence (EU) | Yes No |  |
| Valid Passport | Yes No |  |

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| **VALIDATION 6:** | | |
| **Current Home Address** – Can you **provide** one of the following? (documentation MUST be dated within the last 3 months) | Please tick as appropriate  | **OFFICE USE ONLY**  (EVIDENCE VERIFIED – SIGNED AND DATED |
| Tenancy agreement/ documents | Yes No |  |
| Mortgage statement/correspondence | Yes  No |  |
| Recent statement from bank/ building society/credit card/ credit union | Yes No |  |
| Recent utility bill or council tax demand/ correspondence | Yes No |  |
| Evidence of registration on electoral roll | Yes No |  |
| Correspondence from employer, pension scheme | Yes No |  |
| Full driving licence (EU) | Yes No |  |
| Letter/ confirmation from home owner (family/ lodging) | Yes No |  |
| Benefits/ State Pension notification letter | Yes No |  |
| Rent card/ statement | Yes No |  |
| Other - Please Detail | Yes No |  |

**PREVIOUS QUALIFICATIONS**

Please list all of your previous qualifications:

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| --- | --- | --- | --- | --- |
| Subject | Type  (e.g. GCSE) | Date Achieved | Result | Level  (if applicable) |
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| **DECLARATION** | | |
| I confirm that the information I have provided on this Apprenticeship Recommendation Form is correct and that I am eligible to start my learning programme, I am aware of no issues that will prevent me from completing the programme. In signing this document I confirm my understanding that the learning I would undertake would be part financed by the European Social Fund through the Welsh Government | | |
| Learner signature | Date | Name (please print) |

***Please now return this form to your ALS Training contact, or to*** [***info@alstraining.org.uk***](mailto:info@alstraining.org.uk)

**OFFICE USE ONLY:**

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| **VALIDATION 3 &5:** | |
| **CDM to confirm issue date of Contract of Employment** | |
| Date of Contract of Employment issue: |  |
| Print Name: |  |
| Signature: |  |
| Date: |  |

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| **Funding Eligibility Outcome** | | Eligible | Ineligible |
|  |  |
| **Signature:** |  | | |
| **Date:** |  | | |

**VALIDATION AUDIT CALL:**

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| **Evidence required to support…** | **Evidence used** | **Is it Primary evidence?** |
| **C1: Right to live and work in the UK** |  | □ Yes □ No**\*** |
| **C2: Address** |  | □ Yes □ No**\*** |
| **C3: Age** |  | □ Yes □ No**\*** |
| **C4: Highest Qualification** |  | □ Yes □ No**\*** |
| **C5: Employment Status** |  | □ Yes □ No**\*** |
| **C6: Location of Employment** |  | □ Yes □ No**\*** |

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| **PROVIDER (or provider representative)**  Providers must ensure that they:   * follow the evidence method set out by WEFO, and * comply with the eligibility and evidence requirements stipulated by WEFO and in the Programme Specification   I confirm that, based on the information given above, the learner is   |  |  | | --- | --- | |  | Please tick | | Eligible and the correct evidence, according to the WEFO method has been collected. |  | | Ineligible |  |   to commence a Work Based Learning Funded programme.  I confirm that the following evidence has been collected (please tick):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | C1 |  |  | C2 |  |  | C3 |  |  | C4 |  |  | C5 |  |  | C6 |  |  |   **Provider Signature:**  **Print Name:**  **Date:** |