



# Funding Support for Redundant Modern Apprentices

## Alternative Employment

Please ensure that all fields are completed in full. Incomplete forms will be returned to the Training Provider. The completed application should be submitted to [NTPHub@sds.co.uk](mailto:NTPHub@sds.co.uk).

Training Provider Details			
Training Provider name			
Training Provider address			
Postcode			
Contact name			
Telephone no.		Mobile no.	
Email address			
Modern Apprentice Details			
Surname			
Forename			
Date of birth		National Insurance no.	
Home address			
Postcode			
Telephone no.			
Title of Modern Apprenticeship			
Start date of Modern Apprenticeship			
Level of Modern Apprenticeship			
Date of redundancy			
Reason for redundancy			
What evidence of redundancy was provided? e.g. P45, notification of redundancy, letter from previous employer etc.			
Previous Employers/Training Provider			
Employer name			
Employer address			

New Employer Details			
Company name			
Company address			
Postcode			
Company contact			
Telephone no.		Mobile no.	
Does the employer currently employ any Modern Apprentices?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the employer previously employed other Modern Apprentices since 1 April 2008?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the employer previously made redundancies in the same occupations since 1 April 2008?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what changed to make the company/jobs more sustainable?			
Has a training needs analysis been completed?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the new employer agreed a contract with the Apprentice?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Training offered			
Title of Modern Apprenticeship			
Training duration	from		to

### Equalities Monitoring

<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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### Ethnic Origin

Please read the list below and tick one box that most closely describes the ethnic origin (not nationality) of the apprentice.

<b>White</b>	British <input type="checkbox"/>	English <input type="checkbox"/>	Scottish <input type="checkbox"/>
	Irish <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Gypsy Traveller <input type="checkbox"/>
	Any other white ethnic group (please write here)		
<b>Mixed or multiple ethnic group</b>	Any other mixed or multiple ethnic group (please write here)		
<b>Asian, Asian Scottish or Asian British</b>	Pakistani <input type="checkbox"/>	Pakistani Scottish <input type="checkbox"/>	Pakistani British <input type="checkbox"/>
	Indian <input type="checkbox"/>	Indian Scottish <input type="checkbox"/>	Indian British <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Bangladeshi Scottish <input type="checkbox"/>	Bangladeshi British <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Chinese Scottish <input type="checkbox"/>	Chinese British <input type="checkbox"/>
<b>African, Caribbean or Black</b>	African <input type="checkbox"/>	African Scottish <input type="checkbox"/>	African British <input type="checkbox"/>
	Caribbean <input type="checkbox"/>	Caribbean Scottish <input type="checkbox"/>	Caribbean British <input type="checkbox"/>
	Black <input type="checkbox"/>	Black Scottish <input type="checkbox"/>	Black British <input type="checkbox"/>
	Other		
<b>Other ethnic group</b>	Arab <input type="checkbox"/>	Other (please write here)	
<b>Prefer not to say</b>	<input type="checkbox"/>		

<b>Does the apprentice consider herself/himself to be disabled?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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