

Alternative Employment

*Please ensure that all fields are completed in full. Incomplete forms will be returned to the Training Provider

Training Provider Details	
Training Provider Name:	
Training Provider Address:	
Postcode:	
Contact Name:	
Telephone No:	
Mobile No:	
E-mail address:	
Modern Apprentice Details	
Surname:	
Forename:	
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of Birth:	
National Insurance No:	
Home Address:	
Postcode:	
Telephone Number:	
Title of Modern Apprenticeship:	
Start date of 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 1st April 2008? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the employer previously made redundancies in the same occupations since 1st 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: _____

