

**Appendix 4 - Enhanced Funding Form**

**Eligibility Declaration for Enhanced Funding - Modern Apprentices aged 20-29 years (Disability and / or Care Experienced)**

The Modern Apprenticeship Programme (MA Programme) is funded by The Skills Development Scotland Co. Ltd (“SDS”).

Prior to completing this form, you must ensure that the Apprentice meets all the Eligibility Criteria set out in the MA Specification section 2.9 Funding Allocations and section 4.1 Eligibility Criteria for MA Funding.

**If you wish to claim Enhanced Funding, you must complete this mandatory form with the Apprentice**. This form can only be completed if the Apprentice meets the criteria set out in parts A and B. And the support you have identified as required in Part C is a significant addition to your business-as-usual delivery requiring the enhanced funding rate**.** You will be required to evidence the support you will put in place.

Guidance on completing this form is available from - [**Enhanced**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf) **Fundin**[**g for**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf)[**MA**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf) **-** [**Guidance**.](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf) The Equality team can also be contacted for help and advice to support you and the Apprentice to complete this form.

The completed form should be sent to the Equality Team at

[**Equality.Apprenticeships@sds.co.uk**](mailto:Equality.Apprenticeships@sds.co.uk) for review.

The Equality Team will review the fully completed form\* within **5 working days** confirming approval or rejection to you by email. If approved, the Equality Team will send approval email which should be uploaded to FIPs with this appendix 4. **Only at the point of this approval email can the start be entered into FIPS.**

**\*Incomplete forms will be returned to the provider to– 5 working days will commence when correctly completed form is re-submitted** [**Equality.Apprenticeships@sds.co.uk**](mailto:Equality.Apprenticeships@sds.co.uk)**.**

If not approved, the Equality Team will return the form with reason for rejection. **This decision is final and there are no grounds for appeal.**

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| If the Apprentice discloses a disability and / or being care experienced **after** they have started their MA and their live assignment has been approved on FIPS, you must follow the same process. The Contribution will be on a pro rata basis (i.e. as set out in the MA Specification, section 2.9, it shall be applied only in respect of claims received after the approval on FIPS and shall not be applied retrospectively). |

**Apprentice must complete**

Following discussions with your Provider, if you wish to disclose that you have a disability, health condition, learning disability, learning difficulty and/or are care experienced that requires you to have support put in place by your Provider to help you sustain and achieve your Apprenticeship please complete the table below.

**Please tick the box that applies**

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| --- | --- | --- | --- | --- | --- |
| **Disabled** |  | **Care experienced** |  | **Both** |  |

**Part A: If you have a Disability - Apprentice must complete**

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| --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the statement or statements below that apply to you. Tick all that apply** | | | | | | |
| **A** | I have a social / communication impairment such as a speech and language impairment or Asperger’s syndrome / other autistic spectrum disorder which requires me to have support put in place to help me sustain and achieve my Apprenticeship | | |  |  |  |
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| **B** | I have a learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate) such as Down’s syndrome which requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  |  |  |
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| **C** | I am blind or have a visual impairment that cannot be corrected by glasses which requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  |  |  |
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| **D** | I am deaf or have a hearing impairment which requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  |  |  |
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| **E** | I have a longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy which requires me to have support put in place to help me achieve my Apprenticeship. | | |  |  |  |
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| **F** | I have a mental health difficulty, such as depression, schizophrenia or anxiety disorder which requires me to have support put in place to help me achieve my Apprenticeship. | | |  |  |  |
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| **G** | I have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D which requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  |  |  |
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| **H** | I have a physical impairment or mobility issues, such as difficulty using my arms or use of a wheelchair or crutches which requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  |  |  |
|  |  |  |
|  |  |  |
| **I** | I have a disability, impairment or medical condition that is not listed above.  Please state your disability / condition or impairment: | | |  | | |
|  |  |  |  |  |  |
|  |  |  |
|  |  |  |
| and the above mentioned disability, impairment or medical condition requires me to have support put in place to help me sustain and achieve my Apprenticeship. | | |  | | |

# Please sign below if any of the above statements apply to you

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| --- | --- | --- | --- | --- |
| **Apprentice Signature** |  |  | **Date** |  |

# Part B: If you are Care Experienced - Apprentice must complete

The term care-experienced refers to anyone who has been or is currently;

* in care or
* from a looked-after background at any stage in their life,

in each case, no matter how short.

In care means you are or were:-

* formally looked after by a local authority;
* looked after at home with support from social services or a social worker; or
* looked after other than in the family home, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives)

in each case, no matter how short.

Following discussions with my Provider by signing below I confirm that;

1. **I have been in care or looked after as described above, and**
2. **I am aware that SDS will provide my Provider with enhanced funding for the purpose of supporting me to start, sustain and achieve my Apprenticeship.**

**Please sign below if confirming statements 1 and 2 above**

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| --- | --- | --- | --- | --- |
| **Apprentice Signature** |  |  | **Date** |  |

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# Part C: Support – Provider must complete

In order to be eligible for Enhanced Funding, you must be confident that the Apprentice has completed Parts A and B of the form correctly.

You in conversation, with the Apprentice, must identify the support you will put in place for the duration of the Apprentice’s Apprenticeship to help them sustain and achieve their Apprenticeship.

You must complete the table below and describe the bespoke additional support you will put in place to support the specific Apprentice. **Support must be in addition to the support/adjustments you normally offer when making reasonable adjustments to your business as usual delivery for Apprentices with additional support needs.**

The support may include additional professional support, training for your staff, coaching, support for learning and assessment, assistive technology or equipment or similar that incur significant costs to you.

**Where you have identified that more individual meetings will be required you must provide details of what will be done in the additional meetings, how this is a significant difference to business as usual and when it will be reviewed- please refer to the guidance on completion** [**Enhanced**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf) **Fundin**[**g for**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf)[**MA**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf) **-** [**Guidance.**](https://www.skillsdevelopmentscotland.co.uk/media/43164/how-to-claim-the-enhanced-funding-for-disabled-and-care-experienced-mas.pdf)

SDS requires to be satisfied that:-

* the additional support you have identified below is necessary as a result of the Apprentice’s disability, impairment or medical condition declared in Part A, or the Apprentice’s care or looked after experience declared in Part B; and
* the support you have identified is a **significant addition to your business as usual delivery, and**
* **that the full balance of the funding between the standard rate and the enhanced rate is required for the additional support.**
* The information should be specific, detailed and **not** hypothetical

If any sections are completed incorrectly or the support in this section is not being offered this will result in noncompliance. SDS reserves the right to reclaim any funding at any point.

The support identified will be monitored by SDS for the purposes of audit and for the collection of good practice examples. You must, if requested immediately provide evidence of the support delivered to the Apprentice. The evidence of the support should be documented in the Apprentice Learning Plan and if appropriate as part of the Apprentice Progress Review.

If you believe that any of the support you have identified in the table below requires to be significantly amended at any time, you will require complete the Change of Support Requirements Form (CSR) with details of the changes. This should be completed with the Apprentice and uploaded into FIPS.

Without prejudice to SDS’s other rights and remedies, failure to implement all the measures you have identified may result in the enhanced funding being withdrawn and recovered. If required, please use the additional sheet (page 8) to describe the support you will put in place.

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| **You must complete every box in Table 1 below** |

**Table 1: Apprentice details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | |
| **NI No:** |  | | | | | | | |
| **Date of Birth**: | | |  | | | | **Age:** (Must be 20-29 to be eligible for funding) |  |
| **Framework Title:** | | | |  | | | | |
| **Qualification Title:** | | | |  | | | | |
| **Framework SCQF level:** | | | | |  | | | |
| **Start Date:** | |  | | | | | | |
| **Length of time with employer:** | | | | | |  | | |
| **Name of Provider:** | | | |  | | | | |

**Table 2**

Support required. This must be additional to your standard support & usual reasonable adjustment of delivery. Please indicate what adjustment/s, **over and above** your business as usual, is required for this Apprentice. More space on additional sheet (page 8)

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| --- | --- | --- | --- |
| 1. Adopting an approach to learning to ensure the most appropriate methodology for the Apprentice is used and is required to ensure the Apprentice sustains and achieves their Apprenticeship. For example, as used with children and young people with autism spectrum disorders, dyslexia or sensory impairments. | | | |
|  | | | |
| Additional to business as usual? Tick the box |  |  |

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| --- | --- | --- |
| 1. Scheduling additional meetings and/or additional time at meetings to address additional support requirements including consideration of the best time and location of these meetings and is required to ensure the Apprentice sustains and achieves their Apprenticeship.   Please include details of the number and duration of additional meetings/sessions and purpose of those meetings. This should not be hypothetical. | | |
|  | | |
| Additional to business as usual? Tick the box |  |  | |

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| --- | --- | --- |
| 1. Modifications to learning resources such as training materials and activities, or provision of adaptive equipment such as specialist ICT equipment, to allow the learner to more fully participate and is required to ensure the Apprentice sustains and achieves their Apprenticeship. | | |
|  | | |
| Additional to business as usual? Tick the box |  |  | |

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| 1. The provision of mentoring support to the Apprentice and is required to ensure the Apprentice sustains and achieves their Apprenticeship. Please include details of the number and duration of additional mentoring support sessions you will be holding. | | |
|  | | |
| Additional to business as usual? Tick the box |  |  | |

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| --- | --- | --- |
| 1. Undertaking specific staff training required for either the Provider or employer to understand a specific disability, health condition, or the challenges that may be faced by care experienced learners, to provide a more supportive training and work environment for the Apprentice and is required to ensure the Apprentice sustains and achieves their Apprenticeship. Please include details of the number of staff who will be undertaking the training you describe, and the total number of training hours that will be completed. | | |
|  | | |
| Additional to business as usual? Tick the box |  |  | |

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| 1. Other measures required to ensure the Apprentice sustains and achieves their Apprenticeship. | | |
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| Additional to business as usual? Tick the box |  |  | |

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| Please use this additional sheet if required to describe the support you will put in place. (This may include professional support, support for learning and assessment, equipment or similar that incur significant costs to you.) |
|  |

## Part D: Declaration; -

**Provider.** By completing and signing this form, you confirm you have read and understood the contents of this form and hereby: **-**

1. confirm the details in Part C of this form are accurate; and
2. acknowledge that the information in this form will be processed in accordance with the SDS [MA Privacy Notice](https://www.skillsdevelopmentscotland.co.uk/media/44673/ma-privacy-notice.pdf)

## Once approved this form must be retained securely in accordance with the MA Condition 28, (Records, Audit and General Assistance) and Appendix 4 of the MA Conditions (Information Security Policy).

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| --- |
| **Name of the Provider/Organisation:** |
|  |
| **Print full name of Provider’s representative:** |
|  |
| **Position held by the Provider’s representative:** |
|  |
| **Provider’s representative signature:** |
|  |
| **Date:** |
|  |

**Apprentice:** By completing and signing this declaration, you confirm that you understand and agree the contents of Parts A and B of this form and you have identified one of the following

1. a disability
2. care experience (current or previous looked after) or
3. both

**And you have discussed and require the type of support selected in Part C.**

You acknowledge that;

* 1. the content of this form (including, your personal details) shall be held by your Provider as evidence to verify that the information in this form is accurate
  2. the information in this form will be kept by your Provider for the duration of your Modern Apprenticeship and may be disclosed to other organisations referred to in SDS [MA Privacy Notice](https://www.skillsdevelopmentscotland.co.uk/media/44673/ma-privacy-notice.pdf)

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| The SDS Privacy Notice explains how we use your personal data and who we share it with, together with other information about how it will be processed. |

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| **Apprentice Print Name:** |
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| **Apprentice Signature:** |
|  |
| **Date:** |
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**This section is to be completed by the Equality Executives only**

**If Appendix 4 is approved. Equality Executive will email to confirm Approval. This should be uploaded to FIPS with this form**

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| **Reason for Rejection** |
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