**Graduate Apprenticeship Registration Form**

**Participant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NI Number** |  |  |  |  |  |  |  |  |  | **Address** |  |
| **First Name** |  | **Town/City** |  |
| **Middle Name** |  | **Postcode** |  |
| **Surname** |  | **Mobile Phone Number** |  |
| **Date of Birth** |  |  |  |  |  |  |  |  | **Email Address** |  |

**Participant History**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Were you unemployed before commencing your GA, if so for how long?** | **How long have you been in your current role with your current employer?** | **How long were you employed for prior to starting your GA?** |
| Less than 1 month | [ ]  | [ ]  | [ ]  |
| 1 to 3 months | [ ]  | [ ]  | [ ]  |
| 4 to 6 months | [ ]  | [ ]  | [ ]  |
| 7 to 9 months  | [ ]  | [ ]  | [ ]  |
| 10 to 12 months  | [ ]  | [ ]  | [ ]  |
| 13 or months  | [ ]  | [ ]  | [ ]  |
| Don’t know | [ ]  | [ ]  | [ ]  |
| Not Applicable | [ ]  | [ ]  | [ ]  |
|  | **Pre-employment Status (what were you doing before starting to work for your current employer?** | School Pupil [ ] College Student [ ] University Student [ ]  Unemployed [ ] Working for a different employer [ ]  | Looking after home or family [ ] On job/skills training course [ ] Made redundant [ ] Don’t know/Can’t remember [ ]  |
|  | **Please provide details on any prior achievements, such as HNC, CPD course etc** |  |
|  | **Highest SCQF Level Currently Held** |  |

**Current Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** |  | **Employment Status** | **Full time / Part Time** |
| **Employer Name** |  | **Employer Contact Name** |  |
| **Employer Street** |  | **Employer Contact Job Role** |  |
| **Employer Town/City** |  | **Employer Contact Phone Number** |  |
| **Employer Postcode** |  | **Employer Contact Email Address**  |  |

**Details of Qualifications**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  |  |  |  |  |  |  |  | **Name of GA Framework** |  |
| **Expected End Date** |  |  |  |  |  |  |  |  | **Year of Entry on programme (eg. 1st year)** |  |
| **Name of Learning Provider** |  |

**Declaration**

**INFORMATION EXCHANGE ACKNOWLEDGEMENT AND CO-OPERATION AGREEMENT**

**Privacy information**

It is necessary for information regarding yourself (“Personal Information”) as described in SDS’s Privacy Notice relating to the Graduate Apprenticeship Programme to be passed to SDS for the purposes set out in that Privacy Notice. The information may be shared with other organisations in the manner described in that Privacy Notice.

Under Data Protection legislation – including the GDPR and Data Protection Act 2018 – you have a number of rights available to you in relation to how your personal information is processed. Please see the privacy notice for Graduate Apprenticeships that you were provided for information as to how we handle your personal data. You can also visit our website at [www.sds.co.uk/privacy](http://www.sds.co.uk/privacy) for further information about how we handle your personal data and your rights relating to your personal data. If you are unable to access an online copy, please call the head office at 0141 285 6000 or alternatively visit us at Monteith House, 11 George Square, Glasgow, G2 1DY if you require a hard copy.

**Participant’s Acknowledgement and Undertaking**

By agreeing to participate in the Programme, I confirm that I have read and understood the contents of this Agreement and hereby:

(a)  acknowledge that the Information identified in SDS’s Privacy Notice for the Graduate Apprenticeship Programme will be passed to SDS and used in the manner identified in that Privacy Notice;

(b) undertake to co-operate with SDS and/or any of its partners or agents (referred to in the privacy notice) who may contact me to assist SDS and/or its partners in the monitoring, audit and/or evaluation of the Programme and the assessment of the impact of the Programme;

(c) undertake to co-operate fully with SDS (and/or SDS’s agents, as applicable) in response to any text or other message request for information to enable SDS to validate my participation in the Programme;

(d) confirm that the details entered above or in any other information I may provide to any person in connection with my participation in the Programme is/are correct.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Declaration to SDS**

*I certify that the information given in this Registration form has been completed in consultation with the Participant and the Employer and is correct.*

Provider signature   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_