



EUROPE & SCOTLAND
European Social Fund
Investing in a Smart, Sustainable and Inclusive Future

Appendix 4

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. You will be required to evidence the support you will put in place as set out in part C.

Guidance on how to complete this form is available from - [Enhanced Funding for MA - Guidance](#). 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 for review.

The Equality Team will review the form within **5 working days** and confirm their approval or rejection to you by email from the Equality.Apprenticeships@sds.co.uk mail box. **Only at that point can you upload the approved form onto FIPS.**

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).

If the form is not approved, you will be notified by the Equality Team and the form will be emailed back to you from the email address outlined above. **This decision is final and there are no grounds for appeal.**

Part A: Disability - Apprentice must complete

Following discussions with your Provider, if you wish to disclose that you have a disability, health condition, learning disability or learning difficulty 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. **If you do not wish to make such disclosure, please move to Part B.**

To help your Provider put in place the support you require can you identify which statement or statements below apply to you and sign and date these.

<p>Please indicate the statement or statements below that apply to you. Apprentice to sign and date all that applies.</p>	
<p>a.</p>	<p>I have a social / communication impairment such as a speech and language impairment or Asperger’s syndrome / other autistic spectrum disorder or cognitive impairment which disability requires me to have support put in place to help me sustain and achieve my Apprenticeship.</p> <p>.....</p> <p>Signature Date</p>
<p>b.</p>	<p>I am blind or have a visual impairment that cannot be corrected by glasses which disability requires me to have support put in place to help me sustain and achieve my Apprenticeship.</p> <p>.....</p> <p>Signature Date</p>
<p>c.</p>	<p>I am deaf or have a hearing impairment which disability requires me to have support put in place to help me sustain and achieve my Apprenticeship.</p> <p>.....</p> <p>Signature Date</p>
<p>d.</p>	<p>I have a longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy which disability requires me to have support put in place to help me achieve my Apprenticeship.</p> <p>.....</p> <p>Signature Date</p>

Part B: Care Experienced - Apprentice must complete (if applicable)

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.

Apprentice Signature:
Date:

Part C: Support

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 additional support you will put in place to support the specific Apprentice. (The support may include additional professional support, support for learning and assessment, equipment or similar that incur significant costs to you.)

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 additional to 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.

SDS reserves the right to reject the application if it is not satisfied on either or both these requirements. SDS's decision is final and there are no grounds for appeal.

The support identified by you 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 to submit details of the amendments on Change of Support Requirements Form (CSR) to Equality.Apprenticeships@sds.co.uk whose written approval is required. The Equality Team shall be entitled in their discretion, to reject any requested change(s). Without prejudice to SDS's other rights and remedies, failure to implement all the measures you have identified and that have been approved by SDS 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.

Apprentice Name:
Apprentice NI No: Apprentice Date of Birth:
Framework Title:
Framework level i.e. SVQ &/or SCQF level:
Length of time with employer:

Type of support outlined below	Additional support required (additional to normal delivery) If your information exceeds the box size below, please use the additional sheet (page 8) to describe the support you will put in place
<p>A 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.</p>	
<p>B 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 you will be holding.</p>	
<p>C 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.</p>	

D	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.	
E	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.	
F	Other measures required to ensure the Apprentice sustains and achieves their Apprenticeship.	

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: -

- a) confirm the details in Part C of this form are accurate; and
- b) acknowledge that the information in this form will be processed in accordance with the SDS [MA Privacy Notice](#)

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).

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 the contents of Parts A and B of this form and you have identified one of the following

- a) a disability
- b) care experience (current or previous looked after) or
- c) both

And you require the type of support selected in Part C of this form to ensure you can sustain and achieve your Apprenticeship.

You acknowledge that;

- (i) 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
- (ii) 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](#)

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.

Apprentice Print Name:

Apprentice Signature:

Date:

This section is to be completed by the NTP Equality Executives only

Appendix 4 Approved Rejected

Equality Executive Print Name:
Equality Executive Signature:
Date Approved:

Reason for rejection:
