

**Change of Support requirements For Enhanced FUNDING – (CSR Form)**

**Only complete this form if the support you previously identified to SDS (in your Appendix 4 and any subsequently approved amendment to that) requires to be significantly amended.** Please outline the amendments to support in the table below. In addition to any other action SDS is entitled to take, failure by you 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all the measures you have identified and that have been approved by SDS may result in the enhanced funding being withdrawn and recovered. You must ensure you adhere to the process set out in the MA Specification section 2.9. Guidance on how to complete this form is available from – [Enhanced Funding for MA Guidance document](https://www.skillsdevelopmentscotland.co.uk/media/46681/enhanced-funding-guidance-2020-2021-effective-1-april-2020.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.Apprenticeship@sds.co.uk](mailto:Equality.Apprenticeship@sds.co.uk)

# MA and Provider details

|  |  |
| --- | --- |
| Apprentice Name |  |
| Apprentice NI Number |  |
| Apprentice start date |  |
| Apprentice MA Framework |  |
| Date of Appendix 4 approval and each subsequently approved amendment (if any) |  |
| Training Provider Name |  |

**Change to Training Category:** If there is a change to the category from the approved Appendix 4, please give details of the change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix 4 Category** | **Please x** |  | **Change to Category \*** | **Please x** |
| Enhanced 1 |  |  | Enhanced 1 |  |
| Enhanced 2 |  |  | Enhanced 2 |  |
| Enhanced 3 |  |  | Enhanced 3 |  |

**Disability category:** Circle change.(please refer to the [Enhanced Funding Guidance](https://www.skillsdevelopmentscotland.co.uk/media/46681/enhanced-funding-guidance-2020-2021-effective-1-april-2020.pdf) for Disability categories)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | B | C | D | E | F | G | H | I |

|  |
| --- |
| **Additional Comments:** |

# Changes to Support, different to Appendix 4 Submission and any SUBSEQUENTLY updated APPROVALS.

Please outline details of significant changes to support, which are different to that on initial Appendix 4 submission (and each subsequently approved amendment if any). **Table 1** below gives brief outline of previously approved support boxes. Please outline in **Table 2** the changes to support only, referring to A-F categories.

|  |  |
| --- | --- |
| A | Adopting a different approach to learning |
| B | Changes to meetings |
| C | Modification to learning resources |
| D | Mentoring support |
| E | Staff training, including employer training |
| F | Other measures |

**Table 1**

|  |
| --- |
| **Table 2:** |

# Declaration

**Apprentice:** By completing and signing this declaration:-

I confirm that I have had the additional support outlined in:-

1. the original application (known as Appendix 4) and
2. each subsequently approved support form (if any), and that I require the support covered in Table 2 of this form to ensure I can sustain and achieve my Apprenticeship, and
3. I acknowledge that the SDS [MA Privacy Notice](https://www.skillsdevelopmentscotland.co.uk/media/44673/ma-privacy-notice.pdf) applies to the personal data contained in this form.

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

**Training Provider:** By completing and signing this declaration:-

I, on behalf of the Training Provider, confirm that the additional support outlined in:-

1. the original application (known as Appendix 4) and
2. each subsequently approved support form (if any), has changed, and
3. 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)

|  |  |
| --- | --- |
| **Training Provider Signature** |  |
| **Date** |  |

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

|  |  |  |
| --- | --- | --- |
| **Change of support** | **Approved** | **Rejected** |

|  |  |
| --- | --- |
| **Equality Executive Signature** |  |
| **Date** |  |