

This Appendix contains information relating to the Apprentice and their apprenticeship, the Apprentice’s Employer, the Apprentice employment arrangements, and the Provider. It also contains statements which the Apprentice, Employer and Provider are required to acknowledge/confirm/declare as set out in each section.

The Provider must complete sections A-E, before asking (i) the Apprentice to complete section F and (ii) the Employer to complete section G.

### Meaning of words in the Training Agreement

Some words have special meanings, as shown here:

“Apprentice”	means the person named in Section A
“you”, “I”	and related words mean the person who signs the relevant Section F, G and H
“SDS”, “we”	and related words mean The Skills Development Scotland Co. Limited
“Employer”	means the organisation named in Sections C and G
“Employer representative” or “Employer Contact”	means the named person in Section C and G who is acting on behalf of the Employer
“Provider”	means the organisation named in Sections D and H, which holds the contract with SDS to provide the MA services to the Apprentice
“MA Programme” or “Programme”	means the Modern Apprenticeship Programme funded by SDS

## Section A - Apprentice Details

<b>Print First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Date of Birth</b>	
<b>National Insurance (NI) Number</b>	
<b>Scottish Candidate Number (SCN)</b>	
<b>Email</b>	
<b>Mobile</b>	
<b>Home</b>	
<b>Preferred Method of Contact</b>	<b>SMS</b> <input type="checkbox"/> <b>Email</b> <input type="checkbox"/>
<b>Postcode</b>	
<b>Street Line 1</b>	
<b>Street Line 2</b>	
<b>Town / City</b>	
<b>County</b>	

## Section B - Apprentice History and Current Employment Status

**Length of Unemployment (*before commencement of MA*)**

< 1 month       1 - 3 months       4 - 6 months       7 - 9 months   
 10 - 12 months       13+ months       Don't know / Can't remember       Not Applicable

**Current role Length (*how long have you been in your current job role with your current employer?*)**

< 1 month       1 - 3 months       4 - 6 months       7 - 9 months   
 10 - 12 months       13+ months       Don't know / Can't remember

**Employment Length (*how long were you employed prior to the start of training*)**

< 1 month       1 - 3 months       4 - 6 months       7 - 9 months   
 10 - 12 months       13+ months       Don't know / Can't remember

**Employment Status**    Full time     Part time

**Pre-Employment Status (*what were you doing before starting to work for your current employer?*)**

School Pupil       University Student       Looking after home or family   
 College Student       Other       On job / skills training course   
 Made redundant       Working for a different employer       Don't know / can't remember

**Highest SCQF level held:** (please choose the correct level on FIPS for SCQF and VQ (including none if applicable)).

**SOC 2020 code based on the Apprentice's job role** \_\_\_\_\_

Use the following website to select the most suitable [SOC 2020 code](#)

**Job Title** \_\_\_\_\_

**Prior Achievement**    Do not Complete    This is for SDS Use Only

## Section C - Employer Details

<b>Employer Company Name</b>		<b>Employer City / Town</b>
<b>Street Line 1</b>		<b>Employer County</b>
<b>Street Line 2</b>		<b>Employer Country</b>
<b>Street Line 3</b>		<b>Employer Postcode</b>
<b>Print Employer Contact Name</b>	<b>Employer Contact Phone</b>	<b>Employer Contact Mobile</b>
<b>Employer Contact Email</b>		

**Priority Sector (*is the Participant employed in the Priority Sector?*)**    Yes     No

**If No, then move to the next section**      **If yes, which sector?**

<b>Automotive</b>	<input type="checkbox"/>	<b>Chemicals and Biotechnology</b>	<input type="checkbox"/>	<b>Construction</b>	<input type="checkbox"/>
<b>Creative Industries</b>	<input type="checkbox"/>	<b>Engineering and Energy</b>	<input type="checkbox"/>	<b>Financial Services</b>	<input type="checkbox"/>
<b>Food and Drink</b>	<input type="checkbox"/>	<b>Health and Social Care</b>	<input type="checkbox"/>	<b>Hospitality and Tourism</b>	<input type="checkbox"/>
<b>Public Sector</b>	<input type="checkbox"/>	<b>Transport and Logistics</b>	<input type="checkbox"/>		

## Section D - Training Details

MA Provider	
Start Date	
Expected End Date	
Area of Scotland ( <i>linked to contract</i> )	Lowlands and Uplands <input type="checkbox"/> Highlands and Islands <input type="checkbox"/> South of Scotland <input type="checkbox"/>
Qualification Reference Number	
Qualification Title	
Sector Skills Council	
Framework	
Awarding Body	
Awarding Body Centre Number	
Occupational Group	
VQ Level	
MA Centre Number	
Staged Registration ( <i>if an additional qualification is undertaken as part of the MA framework then enter the additional qualification reference number, otherwise do not complete</i> )	

Training Category                      16 - 19                       20 - 24                       25 +

Change to Training Category                      Yes                       No

If yes, then you must provide the reason for change to training category

Will the participant attend off the job training as part of the requirement for the framework?

Yes                       No

If no, move to the next section                      If yes, you must provide the following:

Training Venue Name	City / Town
Training Venue Street 1	County
Training Venue Street 2	Country
Training Venue Street 3	Postcode

Will expenses be claimed from SDS                      Yes                       No

## Section E - Provider Custom Data (*These fields are available for Provider's own use in FIPS*)

Reference 1	Reference 5
Reference 2	Reference 6
Reference 3	Reference 7
Reference 4	

## Section F - Information for the Apprentice and Apprentice Declarations to SDS

This section explains:

- how SDS will use information about you, which you require to acknowledge
- your requirement to co-operate with SDS, to which you require to confirm your agreement
- the eligibility criteria you must meet to start as an Apprentice, which you are required to confirm.

Definitions of terms used in this section are set out on page 1 of this document.

### Information about you and how its used

Some information about you must be passed to us by people like the Provider and your Employer. We explain why in our Privacy Notice about the Programme on our website. This includes the information set out in this Training Agreement as well as details of your achievements and progress, your records of work and portfolios related to your training, and what you do after your training finishes. We call this the “relevant information”. We may share it with other bodies, as described in our Privacy Notice.

By signing below -

- I confirm I have read and understood this section of the Training Agreement entitled “Information about you and how it is used” and acknowledge that the relevant information will be passed to SDS and used as described in its Privacy Notice for the Programme, and
- I declare that the information about me, my apprenticeship, and the name of my employer in pages 1, 2 and 3 of this Training Agreement is accurate.

### Co-operation

SDS or SDS’s partners or agents may contact you by text message, post, email or phone, or meet you directly to:

- monitor your Provider’s compliance.
- monitor your Provider’s quality assurance.
- monitor validation of your Provider’s claims for payment.
- develop policy about skills training.
- discuss matters connected with your training.

By signing below, I confirm I have read and understood this section of the Training Agreement entitled “Co-operation” and;

- a. agree to co-operate with SDS and any of SDS’s partners or agents who may contact me to assist SDS and SDS’s partners in the monitoring, audit and evaluation of the Programme and its impact.
- b. agree to co-operate fully with SDS (and SDS’s agents) in response to any text or other message request for information to help SDS to verify the Provider’s claims for payment relating to my participation in the Programme, and
- c. agree to co-operate fully with SDS (and SDS’s agents) in response to any reasonable request for information about my participation in the Programme, to help SDS to monitor the Provider’s compliance and quality assurance, measure outcomes and to assist with policy development.

## Eligibility for apprenticeship

To become a Modern Apprentice, you must meet certain minimum criteria which are set out in this section. Your Provider must explain them to you.

I confirm I have read and understood this section of the Training Agreement entitled “Eligibility for an Apprenticeship” and by signing below, I declare that;

- a. the Provider’s Representative named in Section H has explained and discussed the eligibility criteria that apply to me in the Programme.
- b. at the date I start the Programme, the following are true and accurate:
  - i. I have reached the Scottish statutory minimum school-leaving age
  - ii. I am a ‘Scottish Resident’ meaning that I am a person who is resident in Scotland and either; -
    - I have only one place of residence which is in Scotland: or
    - I have more than one place of residence, and my main place of residence is in Scotland (meaning that I reside for more days in each UK tax year at my residence in Scotland than in any other place of residence): and
  - iii. I am not:-
    - self employed.
    - subject to an employment restriction on my stay in Great Britain,
    - subject to a funding restriction and/or a time restriction on my stay in Great Britain that would apply to Modern Apprenticeships in Scotland.
    - in custody as a prisoner or on remand in custody.
    - on any other employment, education, training or enterprise programme funded by any UK and / or Scottish Government department and / or SDS (subject to any exceptions published by SDS from time to time). Among these programmes would be, Foundation, Graduate Apprenticeship Programmes, and education at university, further education college or school.

Print Full name of the Apprentice	
Signature of the Apprentice	
Date of Signing	

## Section G - Information for the Employer and Employer Acknowledgement, Commitment and Declaration to SDS

This section explains:

- how SDS will use information about your staff (including the Apprentice), which you require to acknowledge.
- the eligibility criteria that must be met to start the Apprentice, which you require to confirm you meet in full; and
- certain other dealings that affect you as an Employer of the Apprentice

Definitions of terms used in this section are set out on page 1 of this document.

### Personal data about the Employer's staff (including the Apprentice)

Personal data from this and other documents relating to the Programme (a) about training the Apprentice under the Programme, and (b) containing contact details of any Employer staff (collectively, "relevant information"), may be passed to SDS for the purposes set out in SDS's Privacy Notice relating to the Programme, which can be found on the SDS website.

By signing below, I acknowledge on the Employer's behalf that in relation to personal data about the Employer's staff (including the Apprentice), the relevant information will be passed to SDS and used as described in SDS's Privacy Notice for the Programme.

### Eligibility for an Apprenticeship

To place the Apprentice in the Programme, you must meet all the eligibility criteria for the MA Programme.

By signing below, I confirm on the Employer's behalf that at the date the Apprentice starts the Programme, the following are true and accurate:

The Apprentice is employed by the Employer and:-

- a. their main employment and normal working premises are in Scotland.
- b. is working as an employee to consolidate the skills they will gain during the Programme.
- c. whilst performing their apprenticeship tasks on a daily basis will at times be directly managed by appropriately experienced staff.
- d. is not required or expected to perform their apprenticeship tasks in addition to their contracted number of working hours
- e. is under a contract of employment relevant to their Programme.

### Other dealings with the Employer

SDS may:

- i. request the Employer to complete any questionnaire issued by or on behalf of SDS or Scottish Ministers to help evaluate the Programme.
- ii. disclose the Employer's contact details to other public bodies concerned with quality assurance to enable them to contact the Employer regarding their respective functions.
- iii. contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time.
- iv. wish to contact the Employer (perhaps through nominated agents) to discuss matters associated with the training of apprentices generally.

On the Employer's behalf in relation to the section of the Training Agreement entitled "Other Dealings with the Employer" and the Employer's role in supporting the Apprentice, by signing below I;

- a. acknowledge that the Employer's contact details may be used by SDS to contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time.
- b. acknowledge that the Employer's contact details may be disclosed to other public bodies concerned with quality assurance to enable them to contact the Employer regarding those bodies' functions.
- c. agree that the Employer will co-operate with and help SDS and its partners or agents in monitoring, auditing and evaluating the Programme and the assessment of the Programme's impact.
- d. agree that the Employer will participate fully with the Apprentice and the Provider in the Apprentice progress review process.
- e. agree that the Employer will co-operate fully with SDS (and SDS's agents) in response to any request for information, to enable SDS to validate its claims for payment concerning the Apprentice's part in the Programme.

- f. agree that the Employer will co-operate fully with SDS and SDS's agents and any independent quality assessor body, in response to any reasonable request for information about the participation in the Programme by the Apprentice and the Provider, to help SDS (and SDS's agents and any independent quality assessor body) to monitor Provider compliance and quality assurance, to measure outcomes and to help with policy development; and
- g. confirm that the Employer details set out in the Training Agreement and the training and employment status details for the Apprentice entered on the Training Agreement are correct

Employer Company Name	
Signature of the Employer's representative	
Print Full name of the Employer's representative	
Position held by the Employer's representative	
Date of Signing	

## Section H - Information for and signature of the Provider

On behalf of the Provider, by signing below, I:

- i. declare that this Training Agreement has been completed in consultation with the Apprentice and the Employer, and that the details are correct.
- ii. declare that I have explained to the Apprentice all the eligibility criteria in the MA Programme Specification.
- iii. declare that I am satisfied that at the date of my signature below, the Apprentice confirmed that they met all the eligibility criteria.

MA Provider	
Signature of the Provider's representative	
Print Full name of the Provider's representative	
Position held by the Provider's representative	
Date of signing	