

## Appendix 4B - Enhanced Funding Change of Support

### 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 4.1 Eligibility Criteria for MA Funding.

Enhanced funding is an enhanced rate payable as an alternative to (and not in addition to) the standard funding rate, to enable you to offer significant additional support to Disabled and/or Care Experienced Apprentices aged 20 -29 who have a demonstrable need for additional support from you, to enable them to progress their apprenticeship. This is because SDS and Scottish Government recognise that disabled people and those who are care experienced can face additional challenges in their career journeys.

You must ensure that funding for the additional support and/or activities identified is not available to you from any other source and the support you have identified as required is a significant addition to your delivery (refer to enhanced funding guidance for more detailed information).

The rate of funding between the standard rate and the enhanced rate is required by you (i) as a result of the Disability and/ or Care Experience (as applicable), and (ii) to provide significant additional support and/or adaptations to enable the Apprentice to sustain and complete their apprenticeship.

**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. The support you have identified as required in Part C is a significant addition to your delivery and requires the enhanced funding rate. **You will be required to retain evidence of the support you will put in place for audit purposes.**

Guidance on completing this form is available from - [Enhanced Funding for MA - Guidance](#). [Please read this guidance carefully before completing this form.](#)

The completed form should be sent to SDS at [Equality.Apprenticeships@sds.co.uk](mailto:Equality.Apprenticeships@sds.co.uk)  
**All submitted Applications must be encrypted as per [SDS Information Security Policy](#)**

SDS aim to have the fully completed form reviewed within **15 working days** confirming approval or rejection to you by email.

- If approved we will send approval email which should be uploaded to FIPs with this Appendix 4B. **Only at the point of this approval email can the start be entered into FIPS.**
- If not approved you will be notified of the reason for rejection. **This decision is final and there are no grounds for appeal.**
- **Incomplete forms will be rejected and returned to the provider.**

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 training category has changed, for example:**

MA was Care Experienced and now disclosed a disability, (Enhanced 2 to Enhanced 3), please select this in the Change of category on the CSR form as outlined below.

Appendix 4A Category	Please x
Enhanced 1	
Enhanced 2	x
Enhanced 3	

Appendix 4B Category	Please x
Enhanced 1	
Enhanced 2	
Enhanced 3	

If a Disability is disclosed after Enhanced Funding has been awarded, please update the Disability Category by circling the relevant letter on the CSR form which corresponds with the table below and outline an update to the additional support.

Appendix 4A Category	Please x
Enhanced 1	
Enhanced 2	
Enhanced 3	

Appendix 4B Category	Please x
Enhanced 1	
Enhanced 2	
Enhanced 3	

## 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:**

Disabled       Care experienced       Both

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

If you are disabled, you must be able to answer YES to both of the following questions in order to be eligible for the funding.

If you have a disability/health condition is this likely to last more than 12 months?

**Yes      No**

Does your disability or health condition affect your ability to carry out your apprenticeship?

**Yes      No**

**Please indicate the statement or statements below that apply to you. Tick all that apply**

<b>A</b>	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	<input type="checkbox"/>
<b>B</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.	<input type="checkbox"/>
<b>C</b>	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.	<input type="checkbox"/>
<b>D</b>	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.	<input type="checkbox"/>
<b>E</b>	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.	<input type="checkbox"/>
<b>F</b>	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.	<input type="checkbox"/>
<b>G</b>	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.	<input type="checkbox"/>
<b>H</b>	I have a longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease, asthma or epilepsy which requires me to have support put in place to help me achieve my Apprenticeship.	<input type="checkbox"/>
<b>I</b>	I have a disability, impairment or medical condition that is not listed above. Please state your disability / condition or impairment:	<input type="checkbox"/>
	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.	

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

1. I have a disability or health condition 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

Apprentice Signature	
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Date	
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## 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 it is regardless of duration.

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 it is regardless of duration.

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

Apprentice Signature	
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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 Apprenticeship to help them sustain and achieve their Apprenticeship. You must also identify what evidence of this support will be shared with SDS for audit purposes.

You must complete table C 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 deliver when tailoring or individualising your service for Apprentices' needs. This enhanced contribution is only to support significant additional requirements and it requires you to fully substantiate the claim with evidence and this will be monitored and audited by SDS.**

The support may include developing an approach to learning and assessment, additional contact time to support apprentices, specialised coaching / mentoring, specialised training for your staff to deal with specific individual apprentices, 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 be able to provide evidence of how these meetings are beyond the requirements of a “normal” learning plan and how this is a significant difference to your delivery and when it will be reviewed. Please refer to the guidance on completion [Enhanced Funding for MA - and evidence requirements specifically.](#)

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;
- the support you have identified is a **significant addition to your delivery; and**
- **the support that you give the apprentice can be appropriately evidenced to SDS.**

**The support must not be covered by Access to Work or any other funding.**

If any sections are completed incorrectly or the support in this section is not being offered this will result in noncompliance. SDS will audit the evidence retained by you as a provider in relation to the Enhanced Funding claimed and reserves the right to reclaim any that cannot be clearly evidenced as being utilised at any point.

The support identified will also be monitored for the collection of good practice examples. You must, when requested, immediately provide evidence of the support delivered to the Apprentice. The evidence of the support should be recorded in the appropriate documentation that you identify in this form. This may be routine SDS documentation and/or be additional.

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.

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

**Table 1: Apprentice details**

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

## Table 2

The support required must be significantly additional to your delivery and usual reasonable adjustments. Please indicate what adjustment/s, **over and above** your delivery are required for this Apprentice. Your answers may pertain to one or more of the sections set out below.

A. Developing an approach to learning and assessment to ensure the most appropriate methodology for the Apprentice is used and is required to ensure the Apprentice sustains and achieves their Apprenticeship.

Evidence that will be retained for audit purposes:

Significant additional adjustment?  
Tick the box

B. Scheduling additional contact time to address additional support requirements to ensure the Apprentice sustains and achieves their Apprenticeship.

Evidence that will be retained for audit purposes:

Significant additional adjustment?  
Tick the box

C. Modifications to learning 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.

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**Evidence that will be retained for audit purposes:**

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Significant additional adjustment?  
Tick the box

D. The provision of mentoring support to the Apprentice 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.

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**Evidence that will be retained for audit purposes:**

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Significant additional adjustment?  
Tick the box

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 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.

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**Evidence that will be retained for audit purposes by SDS:**

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Significant additional adjustment?  
Tick the box

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

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**Evidence that will be retained for audit purposes:**

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Significant additional adjustment?  
Tick the box



## 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).**

<b>Name of the Provider/Organisation:</b>
<b>Print full name of Provider's representative:</b>
<b>Position held by the Provider's representative:</b>
<b>Provider's representative signature:</b>
<b>Date:</b>

**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

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

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

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 SDS](#)

If Appendix 4B is approved SDS will email to confirm Approval. This should be uploaded to FIPS with this form.

**Reason for Approval / Rejection**