

# ATP Access Fund Provider Application Form and Needs Assessment Report



# ATP Access Fund Application Form

Please send your completed application form to the ATP adviser at: [ATPsupport@sds.co.uk](mailto:ATPsupport@sds.co.uk)

Provider details			
Provider name			
Provider contact name			
Contact telephone		Email Address	

Apprentice details	
Full Name	

## Type of Access Support available:

Complete all relevant sections of this form.

- 1. Digital Access**
- 2. Travel support**
- 3. Support for learning and Needs Assessment report**

In discussion with the apprentice complete all the sections which apply

Section 1. Digital Access		
Packages required: <i>See table below</i>	Cost	Justification
Total Cost:		

**Note: Laptops will only be provided in exceptional circumstances to meet specific and verifiable technical requirements.**

<b>Digital offer</b>	<b>Nature of ATP circumstances</b>	<b>Allowance</b>
<b>Laptop</b>	Having to complete certification in a framework area that requires more than a basic tablet. Justification must be provided in support of the application. Laptops must be recovered by the Provider promptly following completion of the Apprentice's ATP, for re-use by other apprentices requiring one in order to complete their ATP.	Up to £600 (laptop to be recovered by provider after use and retained for reissuing)
<b>Tablet</b>	Having to complete certification in a framework area, or ATP Stage 4 that only requires a basic tablet. Justification must be provided in support of the application.	Up to £120 (tablet can be retained by individual)
<b>Data card to access internet</b>	Requiring data to interact with provider and/or assessment process-justification required in support of the application.	£20
<b>Additional data card to access internet</b>	If repeat application after 1 month - should be clear justification in support of the application.	£20

## Section 2. Travel Support

Travel method	Journey (from/to) – include postcodes	No. of journeys	Cost
		<b>Total</b>	

Indicate here the reason why travel support is required by this apprentice. If the reason is disability, or a health condition please complete the Needs Assessment Report in Section 3 below.

### Section 3: Additional support needs

#### Provision of equipment or support arising from a disability or health condition (not covered by Section 1 or 2 above)

Item (if support of a person is requested, state how many sessions, or for how long, it will be required)	Supplier	Cost (exc VAT)	Cost (inc VAT)
<b>Total Cost</b>			

#### ATP Access Fund - Apprentice Declaration

I confirm that: place an 'x' in the appropriate boxes	Yes	No
1) I do not have access to appropriate device and/or the internet.		
2) I will use the internet access and/or equipment supplied to me for the purpose it has been provided.		
3) I have no other source of income or funding support to cover travel costs to access ATP services.		
Apprentice Signature		
Provider Signature		Date

Assessor name		Date	
Signature	Email signature is acceptable		

# Needs Assessment Report

The Needs Assessment report is only to be completed for apprentices that:

- Have a disability or health condition such that without additional resources, such as assistive technology, specialist software or additional personal support they would be unable to access and benefit from the ATP. **This applies to apprentices completing ATP Stage 4 services only (the Record of Achievement).**

Non-Eligible:

Apprentices with a disability or health condition who are continuing with their Modern Apprenticeship (certification) under the ATP, and are already in receipt of enhanced funding, will not be eligible for the Support for Learning element of this Access Fund.

## Part A:

### Effects of ASN/Condition on Work/Training

Diagnosis (if applicable/known):	If unaffected, put X in this column
Impact on Mobility (including travel to work and access to buildings) Give details:	[ ]
Impact on Dexterity (including any issues with upper body strength/grip/control) Give details:	[ ]
Stamina (any issues with fatigue, muscle weakness, etc.) Give details:	[ ]
Speech (all contexts – in groups, one-to-one, by phone) Give details:	[ ]
Vision (reading from paper/print, from computer screen, signage at a distance, etc.) Give details:	[ ]
Specific Literacy difficulties (with reading, writing, spelling, etc.) Give details – including if/when and by whom this was diagnosed:	[ ]
Hearing loss Give details:	[ ]
Issues with attention span, concentration and/or following instructions accurately Give details:	[ ]
Issues with personal organisation, punctuality and reliability Give details:	[ ]

Mental ill-health (including depression, anxiety, bi-polar disorder, phobias, etc)	[ ]
Give details:	
Medical condition (for example, angina, epilepsy, diabetes, lupus)	[ ]
Give details:	
Allergies	[ ]
Give details:	
Issues with inter-personal/social skills (including Aspergers and ASD)	[ ]
Give details:	
Any other difficulties or issues?	
Give details:	

**Part B: Support Recommendations identified through Assessment**

Please clearly detail the support required to access and succeed in the ATP based on the specific needs of the individual identified in the previous section

**Provision of equipment** (Please state what equipment is required and how it will overcome barriers to participation in the ATP and in progressing into employment.)

**Provision of support** (Please clearly detail the **personal/human support** required. For example, specialist training (including use of assistive technology), support strategies, orientation visits and/or specific tailored interventions such as BSL.

**Needs Assessment - Apprentice Declaration**

<b>I confirm that: place an 'x' in the appropriate boxes</b>	<b>Yes</b>	<b>No</b>
1) I do not have access to appropriate device and/or the internet.		
2) I will use the internet access and/or equipment supplied to me for the purpose it has been provided.		
3) I have no other source of income or funding support to cover travel costs to access ATP services.		
4) I have a disability or health condition and require additional support as identified in my Needs Assessment Report.		

Apprentice Signature			
Provider Signature		Date	

**Decision to be completed by SDS only**

**Application Approval**

<b>Approved Fully?</b>	<b>Yes or No</b>	<b>Total amount</b>	
<b>Partially approved?</b>	Yes or No	<b>Total amount</b>	
Items approved:			

**Approved by:  
Signed:**

**Date:**

**Not Approved:**

<b>Rejected by:</b>
<b>Signature:</b>
<b>Date Not Approved:</b>

<b>Reason for rejection:</b>
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