### Registration of Interest

### for current Oxford Brookes staff interested in an Apprenticeship

Thank you for your interest in pursuing an apprenticeship alongside your current role at Oxford Brookes. Apprenticeship courses are a career development option open to members of staff with their manager’s support. On receipt of this form, OCSLD will contact you and your manager to provide support and guidance with the process of applying for an apprenticeship course and accessing the Apprenticeship Levy Fund. As part of that process, you may be asked to demonstrate how your intended apprenticeship course will meet your in-role learning and development needs and whether you meet the Education and Skills Funding Agency’s [**eligibility criteria**](https://www.gov.uk/guidance/apprenticeship-funding-rules-for-employers/annex-a-eligibility-criteria-who-we-fund).

Please complete this form and return it to **ocsld@brookes.ac.uk** along with your CV which should include details of your current role, career history, and qualifications, including any you may have received for English and Maths proficiency.

**About You**

|  |  |
| --- | --- |
| Your name, first and last names |  |
| Your p-number |  |
| Your faculty/directorate |  |
| Your job title |  |
| Your grade and spine point |  |
| How many hours per week do you work for OBU? |  |
| If your post is not permanent, when does it expire? Please provide the date. |  |
| How long have you worked at OBU? |  |
| How long have you been in your current role? |  |
| Have you attended an OCSLD Apprenticeship Briefing? Y/N. If Yes, please provide the date. |  |

**About your Apprenticeship interest**

|  |  |
| --- | --- |
| What Apprenticeship are you interested in? |  |
| Do you need help to identify a potential training provider? |  |
| If you have a training provider in mind, please provide the company name and web address here. |  |
| When are you hoping to start an Apprenticeship? |  |

|  |  |
| --- | --- |
| **Applicant’s signature** |  |
| **Date** |  |

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**Section for your Manager to complete**

|  |  |
| --- | --- |
| Manager’s name |  |
| Manager’s email address |  |
| Manager’s job role |  |

**Manager’s understanding and agreement in place to pursue an Apprenticeship**

As a line manager, I agree to support your learning and career development by:

* enabling attendance and study with the training provider
* enabling training and development opportunities in the workplace
* allowing time within working hours to complete the apprenticeship
* fund any costs associated with the apprenticeship that cannot be sought from the apprenticeship levy (the training provider will be able to supply details of these).

|  |  |
| --- | --- |
| Manager’s signature |  |
| Date |  |