SISTAD Application Form: APPRENTICESHIPS (including SVQ's) LEARNING AND DEVELOPMENT

STUDY OPPORTUNITIES FOR

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Please complete electronically or write clearly using black pen. *Please delete as appropriate.

| SECTION 1 1A: Personal details Title / Rank | Date of Birth | |
|---|---|--|
| | | |
| First Name | National Insurance Number | |
| Last Name | Mobile contact number | |
| Corps/Centre/ Department | Division/Region/Service | |
| Address | Line manager name | |
| | Line manager email address | |
| | Appointment / Job title | |
| Salvation Army email address ¹ | Salvation Army start date Minimum working hours per week | |
| ¹ If you do not have a Salvation Army email address, please provide an alternative | | |
| 1B: Apprenticeship details | | |
| Apprenticeship/SVQ title | Level | |
| Name of training provider | | |
| Location of training | | |
| Expected start date | Expected end date | |
| Apprenticeship information must be included with this application form. | | |
| As part of the apprenticeship, are you required to attend college or external workshops? Yes No | | |
| * yes, please give brief details (350 chars) | | |
| | | |
| | | |

Do you have any Specific Learning Difficulties or learning differences that you would like to share? Are there Additional Learning Support adjustments to consider for this apprenticeship programme? Please give details:

Please state your highest qualification in Maths and English?

What is your highest qualification to date? Please put qualification name, subject and level (200 chars)

| Have you been a member of the UK or EU for the past 3 years? | Yes | No | |
|--|-----|----|-----|
| If not, do you have an indefinite right to remain? | Yes | No | N/A |

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2B: Cost

| Permissible claims (as per Learning and Development policy CS04) | |
|---|--|
| Total cost of apprenticeship (funded via the apprenticeship levy) | |
| Employer contribution (if applicable) | |
| Fees for registration to professional bodies (info only - paid for by appointment / department) | |
| Travel costs (info only) | |
| Residential costs (if applicable) | |
| Total cost (including VAT) | |

Have you discussed this with your Regional Learning Development Officer (RLDO) Yes / No? Date discussed with RLDO

RLDO name

Declarations

I confirm that all the details are correct to the best of my knowledge. I understand and accept that Salvation Army approvals and grants for further study and training courses are given to enable Salvation Army personnel to enhance their work and service within The Salvation Army, and in this context I make this application.

| Signature | Print Name | Date | | |
|---|------------------|------|--|--|
| | | | | |
| | | | | |
| Required - Corps Officer/Centre Manager | /Line Manager - | | | |
| I confirm that this application has been discu | ssed and agreed: | | | |
| Signature | Print Name | Date | | |
| | Job Title | | | |
| | | | | |
| Required - 2 nd Line Manager (if applicable) - | | | | |
| I confirm that this application has been discu | ssed and agreed: | | | |
| Signature | Print Name | Date | | |
| | Job Title | | | |
| | | | | |

Please send your completed and signed application to apprenticeships@salvationarmy.org.uk

Looking after your data

The Salvation Army² will hold your personal information to process your application and award funding for learning. We may share this with relevant training bodies or providers and keep it for the duration of employment + 7 years for employees. Officers please read the privacy statement available on the Officer hub. You have a right to a copy of information we hold about you, and in some circumstances to have it amended or deleted and to withdraw consent.



