**Guide for Confirmation of Learner Eligibility – Apprenticeships**

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| **Provider Name:** |  | **C:\Users\Browningl1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\G3ZCOYPD\ESF (2).JPG** |
| **Learner Name:** |  |
| **Date of Birth:** |  |
| **Anticipated Start Date:** |  |

**Learning Programme** *(please tick)*

|  |  |  |  |  |  |  |  |
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| Foundation Apprenticeship |  |  | Apprenticeship |  |  | Higher Apprenticeship |  |

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| **Please answer the questions below** | **Yes** | **No** |
| 1. Do you have the right to live and work in the UK?
 |  |  |
| 1. Are you expected to be employed for at least 51% of your contracted hours in Wales?
 |  |  |
| 1. Have you legally left school;
 |  |  |
| 1. Are you attending school or college full-time as a pupil or student?
 |  |  |
| 1. Are you in full-time higher education?
 |  |  |
| 1. Are you an ineligible overseas national?

(see Work Based Learning Programme Specification Glossary of Terms for further Guidance). |  |  |
| 1. Are you in custody or on remand in custody?
 |  |  |
| 1. Are you in receipt of an Assembly Learning Grant or Education Maintenance Allowance?
 |  |  |
| 1. Are you supported by the UK Government’s Work Programme and have a contract of employment for less than 16 hours per week?
 |  |  |
| 1. Are you taking part in any other employment or enterprise programmes funded directly by the UK Government or the Welsh Ministers?
 |  |  |
| 1. Are you taking part in any other UK Government or Welsh Ministers funded vocational learning programme?
 |  |  |
| 1. Are you taking part in any other EU funded employment or enterprise programme or vocational learning programmes (or any other form of EU funded scheme) unless permitted under ESF funding regulations?

(please refer to European Guidance Chapter 3 for further advice) |  |  |
| 1. Are you employed*?*
 |  |  |
| * Do you have a signed Apprenticeship Learning Agreement?
 |  |  |
| * Are you being paid the relevant National Minimum Wage?
 |  |  |
| 1. Do you hold a degree AND is the degree you hold in the same occupational route as this Apprenticeship Programme?

*(NB: Graduates can only undertake a level 3 Apprenticeship or above unless they are undertaking a care sector related framework* ***or*** *you have received Welsh Government approval where the content of the apprenticeship is different (you should evidence how the content of the degree differs to the Apprenticeship programme). Please refer to Programme Specification Guidance Notes for paragraph B2 for further information).* |  |  |
| 1. Do you have a disability?
 |  |  |

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| 1. Please give details of your highest qualification achieved below:
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Correct evidence to demonstrate eligibility must be collected prior to or upon entry onto the programme.

**Self-employed only (compulsory for Construction Apprentices, best practice for all other sectors)**

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| --- | --- | --- |
| I confirm that: | Yes | No |
| 1. I will undertake a qualification at level 3 or above and have attained a level 2 qualification in an industry related qualification.
 |  |  |
| 1. I have a minimum of two years experience in a related industry setting prior to commencing the apprenticeship. For example, domestic or industrial installation, repair or maintenance, or construction.
 |  |  |

**Apprenticeship Employer Incentive Scheme**

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| I confirm that: | Yes | No |
| 1. I am aged between 16 and 19 years on the date of recruitment
 |  |  |
| 1. I am enrolled on a Foundation Apprenticeship or Apprenticeship Programme
 |  |  |

**Young Recruits Programme Only (Not Applicable for Higher Apprenticeships)**

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| I confirm that: | Yes | No |
| 1. At the date of application for the Young Recruits Programme, I was between the ages of 16 and 24*.*
 |  |  |
| 1. I started my employment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and
 |  |  |
| * I have not been employed by the same employer prior to entering the Apprenticeship
 |  |  |
| 1. I am enrolled on Foundation Apprenticeship or Apprenticeship Programme.
 |  |  |
| 1. I have a contract of employment for a minimum of 25 hours per week.
 |  |  |

**Foundation Apprenticeships – Additional Eligibility from 1st October 2019 (to be completed by the Provider).**

Please tick at least one of the criteria below:

|  |  |
| --- | --- |
| 1. I confirm that the learner has been in the current job role for less than 12 months (evidence to be held on file).
 |  |
| 1. I confirm that the Welsh Government has approved that the Level 2 qualification is a requirement to progress to a level 3 (evidence to be held on file).
 |  |
| 1. I confirm that the learner has declared a disability (see 15 above).
 |  |

**Declarations**

|  |  |  |  |  |  |  |  |  |
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| **LEARNER**I confirm that the information I have given above is correct and that I am eligible to start my learning programme. I also confirm that I am aware of no issues that will prevent me from completing the programme.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Date: |  | Name: |  |
| (To be signed and dated by the learner) | (please print) |

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| **TO BE COMPLETED BY LEARNER IF ELIGIBILITY FOR THIS PROGRAMME WAS ESTABLISHED PRIOR TO THE START DATE:****Learner:** I confirm that there have been no changes to the information I provided above.

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| Signature: |  | Date: |  | Name: |  |
| (To be signed and dated by the learner) | (please print) |

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| **PROVIDER (or provider representative)**Providers must ensure that they:* follow the evidence method set out by WEFO, and
* comply with the eligibility and evidence requirements stipulated by WEFO and in the Programme Specification.

I confirm that, based on the information given above, the learner is

|  |  |
| --- | --- |
|  | Please tick  |
| Eligible and the correct evidence, according to the WEFO method has been collected. |  |
| Ineligible |  |

to commence a Work Based Learning Funded programme.I confirm that the following evidence has been collected (please tick):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| C1 |  |  | C2 |  |  | C3 |  |  | C4 |  |  | C5 |  |  | C6 |  |  |

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| --- | --- | --- | --- | --- | --- |
| Signature: |  | Date: |  | Name: |  |
| (To be signed and dated by the provider) | (please print) |

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