

Overview

The purpose of this induction briefing note is to provide you with an overview of how your apprenticeship programme will operate.

The aim is to help you to have an overall understanding of

1. South Lanarkshire Council policies and procedures
2. The main areas of our training programmes
3. Your role as a modern apprentice

This has been produced to supplement the Corporate Welcome (Induction). Our goal is to help you become competent in your modern apprenticeship programme as early as possible and to help you understand your responsibilities. It is essential that you establish good working relationships and practices from day one of your programme. Therefore, it is important that you give all information provided your full attention.

We hope to provide answers to any questions that you may have and to provide you with a successful introduction to South Lanarkshire Council Modern Apprenticeship programmes.

South Lanarkshire Council's commitment to employees

As part of the overall Council commitment to its employees, there are a number of policies/aims which underpin the operation of your modern apprenticeship programme. In summary the main points are as follows:

Equal Opportunities

The Council and management will ensure that all employees are given equality of opportunity and treatment in all aspects of their employment within the Council.

Employee communications

The Council and management will establish, implement and keep under review an effective system of open, two-way communications with the workforce both at overall Council level and departmental level.

Employee development

The Council and management will assist and support individuals in fulfilling their potential by treating them in a positive manner, providing an employee development programme for all employees and encouraging employees to be committed to the principles of continuous self-development.

Secure career opportunities

The Council and management will aim to provide employees with secure career opportunities by creating a skilled, motivated and flexible workforce committed to quality service delivery.

Quality of life

The Council and management will help to enhance the quality of life experienced by employees by providing access to welfare services, carrying out health promotion initiatives and ensuring a healthy and safe working environment.

Conditions of Service

The Council and management will establish, implement and keep under review conditions of service for all employees that will ensure the recruitment and retention of a high quality, motivated workforce that will enable the Council to achieve its policies.

Employee involvement

The Council and management will, as far as possible, involve employees at all levels in contributing to the process of improving the delivery of the Council's services.

Collective bargaining

The Council and management are committed to the system of collective bargaining and encourage employees to become members of one of the trade unions recognised by the Council.

Operation of South Lanarkshire Council's Modern Apprenticeship Programme

Every South Lanarkshire Council modern apprenticeship programme operates within general guidelines, though each Council resource may have minor variations. It is essential that you are given every opportunity to train and develop during your programme to fulfil your potential.

A structured modern apprenticeship programme will operate within your resource. Specific details will be provided later. Our overall commitment during programme delivery is (you will):

1. be issued with a contract stating the terms/conditions of your modern apprenticeship employment
2. receive comprehensive Induction Training
3. receive regular and ongoing Health and Safety training to ensure you work safely at all times during your programme
4. an Individual Training Plan will be agreed with you and this will show how your training will take place throughout the duration of your programme
5. work towards achieving a nominated Scottish Vocational Qualification (SVQ) by either being assessed in your workplace or by attending an approved college/training provider
6. receive appropriate workplace and formal training to allow you to achieve your SVQ and have the opportunity to become a valuable team member within your Council resource
7. progress and work performance will be reviewed at least every 13 weeks
8. **Internally assessed trainees** will be given sufficient time to complete their SVQ portfolio on a weekly basis and in addition relevant programmes will have scheduled 4 weekly SVQ Support Days

Your training co-ordinator will be responsible for ensuring that the above points are carried out to a satisfactory standard.

In addition to the above, you have the following responsibilities during the programme to –

- complete and maintain an up to date accurate record of your portfolio
- endeavour to achieve **100% attendance record** at work and college (if applicable) and, if unable to, ensure you comply with absence reporting procedures for your resource
- successfully complete all SVQ outcomes as per agreed training plan targets
- attend all scheduled quarterly review interviews
- complete on-site/workplace training as instructed by your immediate supervisor.

Health and Safety

It is important that you are continually trained on Health and Safety practices to allow you to operate safely within your work role.

Throughout your programme you will undertake a variety of health and safety training. This should cover, as a minimum –

- Health and Safety policy
- emergency procedures
- first aid
- safe working practices
- use of machinery/equipment in your job
- personal protective equipment (PPE)
- and risk assessments.

Craft Apprenticeship/Road Worker Trainees – all Craft and Road Worker Apprentices receive continuous Health & Safety training at work and at college while progressing through their Apprenticeship. In addition to this you will also undertake Tool Box Talks and details of all Health & Safety training (including Tool Box Talks) should be updated on your Health & Safety Checklist. You will also receive a trade specific Health and Safety Handbook.

It is important that you remember the following general rules

- you **must** never undertake any form of work or use equipment/machinery without being trained first
- you **must** comply with Health and Safety instructions and rules at all times
- at work you **must** never endanger either yourself or other people at any time
- you **must** wear PPE and use safety equipment when it is required and has been provided
- you **must** report to your immediate supervisor anything that seems dangerous, damaged or faulty

If you have any doubt regarding health and safety in your workplace, prior to commencing the work activity, you must seek advice from your immediate supervisor.

Quarterly progress review

Quarterly reviews are a compulsory part of your programme. They will take place at least every 13 weeks. It is an opportunity for you and all other people involved in your programme, to have an open discussion relating to both your work performance and progress through your SVQ.

You will be given the opportunity to contribute to and discuss how you think you are progressing through your programme. It is essential that you use this opportunity. Your views are just as important as everyone else's views. This will ensure your individual progress through your programme is as smooth as possible.

In summary, the main purposes of these reviews are to

- provide a formal and accurate record of your work performance and SVQ progress
- discuss and agree your forward training plan (including setting achievable targets)
- provide the opportunity to discuss and resolve any difficulties which may have arisen

There are three forms used at these reviews

1. Quarterly review questionnaire
2. Supervisor quarterly review questionnaire
3. Participant Progress Review Summary document
4. Development Plan (**Craft Apprentices only**).

All Apprenticeship Trainees except Craft – The quarterly review questionnaire and the supervisor quarterly review questionnaire are completed by the trainee and the supervisor prior to the actual review taking place. The third form is the participant progress review summary document, which is a summary of the trainee form and the supervisor form. This form will provide action points and targets for the next three months. The summary form must be completed and signed by all three parties involved in the review. For review based milestone claims a fourth signature will be obtained from your assessor or programme co-ordinator.

Craft Apprenticeship Trainees – The quarterly review questionnaire is completed by the trainee, the supervisor's questionnaire is completed by your BSO/BSC, after discussions with your tradesmen. Your completed questionnaire should be e-mailed back to Susan Galloway by the specified date, prior to your review. The Participant Progress Review form will include a summary of the information on the questionnaires as well as what has been discussed and agreed at your review and during your review, you will also be asked to complete the Development Plan. In addition to this we may, or you may, request a review to be carried out outside the normal 13 weekly review. This will either be arranged at your quarterly review or can be requested as and when required.

The next stage

At all stages of the programme you will be provided with support, guidance and encouragement to allow you to succeed. The successes of the programmes are down to the partnership that you, your supervisor and training co-ordinator form. We hope that you will contribute to that partnership too.

Whilst it is hoped that the programme will be “problem free”, should you have any problems or worries then please raise them with your immediate supervisor or training co-ordinator. At your resource specific induction you will be given their contact numbers.

Craft Apprenticeship Trainees – Application for Annual Leave

Please refer to your Business Unit for the paperwork required to apply for annual leave. Holidays are in hours.

All apprentices must have holidays agreed by their supervisor in advance. Reasonable notice should be given when requesting holidays. Short notice holidays will only be approved based on the reason and the current workload.

Holidays must not be taken during College Blocks. If you have holidays booked prior to receiving your college timetable, as long as they have been approved by your line manager, something can be arranged to ensure you don't miss anything, otherwise holidays should always be requested for times that you are not at college.

Local agreements are in place for Public Holidays. Please see your supervisor/mentor for clarification. 6 Fixed Public and 6 floating, the hours are added to your annual leave entitlement.

Please remember that days the colleges are closed for holidays may not necessarily be the same as the fixed holidays at work. Therefore you should check with your Business Unit, as if it is not one of our fixed days, you will either be required to attend work or take annual leave.

All other Programmes - Application for Annual Leave

For all other programmes annual leave will be recorded on People Connect. Requests for annual leave and/or flexi leave should be submitted to your line manager via People Connect. Time off is only authorised once approved by your manager.

Craft Apprenticeship Trainees – Travel Expenses

Travel expenses may be claimed by apprentices when they are at college if they incur additional costs when compared to the cost of travelling to work. Travel should be by the cheapest mode (tickets should be attached to all claim forms). Excess mileage can also be claimed if you use your own transport and all claims should be made within 3 months of incurring the expense.

Travel and Subsistence Claims should be made through People Connect and approved by your line manager. If you require to make a claim please speak to the admin team within your Business Unit for assistance.

Appendices

Appendix A - Individual Training Plan (Skills Development Scotland form)

The Individual Training Plan is completed at the onset of your training. This will provide details such as which SVQ will be undertaken, in-house training information, career objectives, induction training and how this training will be delivered.

Appendix B - Quarterly Review forms (Skills Development Scotland form)

Quarterly review questionnaire – this is completed by the trainee prior to the review. Supervisor quarterly review questionnaire – this is completed by the supervisor prior to the review. Participant progress review summary – this is completed by the training representative and is completed during the review.

Appendix C – Craft Apprenticeship Trainees - Indirect Sheet

This is your responsibility to complete and you will be shown how to complete this when you get to your Business Unit. This form is to be completed on a weekly basis, even when you are attending college.

Appendix D – Training Agreement and Information Exchange

This form will be used to gather the relevant details to be used to add you to our systems, including your authorisation for your personal data to be stored and shared. A copy of this will be kept in your file as proof of this agreement. Once we add you to our FIPS System you will receive a validation text or e-mail – this will be dependent on your chosen contact method. **You must respond Y to this message to validate your place on the programme.** Further information will be provided by your training co-ordinator at induction.

Appendix E – Equality Monitoring

This form will be completed at the onset of your training. This information will be stored securely.

Appendix A

Individual Training Plan

The Individual Training Plan is completed at the onset of your training. This will provide details such as which SVQ will be undertaken, in-house training information, career objectives, induction training and how this training will be delivered.



Appendix 2a Individual Training Plan (Best Practice)

Training Programme

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Apprentice name	National Insurance Number

Please enter name and NI No above prior to printing document

Section 1 – Provider/Apprentice Details

Part 1: Apprentice, Employer and Provider (as applicable)

All details required in this section are recorded on the Training Agreement (TA). Please print off the TA for use as Section 1 of the Training Plan.

Please complete: additional Provider details	
Telephone number:	
Contact name:	

Part 2: Apprentice's Personal, Career & Progression Objectives

Record the employment objectives of the Apprentice, and any further career/progression aspirations following the term of the programme.

Employment and career progression objectives

Section 2 – Assessment

Part 1: Qualifications, Experience & Skills

Qualifications (e.g. standard grades, SVQs, NVQs etc)			
Title	Level	Grade	Date achieved



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Appendix 2a Individual Training Plan (Best Practice)

Other relevant learning/experience/skills (this could include unit achievements, hobbies and interests)

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Part 2: Outcomes from Initial Assessment

Record details and results following initial assessment (include basic skills assessment and results).

Assessment method used	Results	Recommendations

Section 3 – Individual Training Plan – Delivery

Part 1: Induction

Outline details of Induction training, including any specific outcomes

Start Date	Expected Duration	Completion Date	

Part 2: Qualifications/Training

Record any qualifications or training required in order to meet the requirements of the Apprentice and/or employer. Include any specific training at the employer's premises.

Qualification or training	Ref number (if appropriate)	Awarding Body (if appropriate)	Level (if relevant)	Anticipated completion date

Breakdown of SVQ units/modules by reference number and name (attach list if preferred)

Mandatory units/modules	Optional units/modules

Part 3: On & Off the Job Training

Record the names and locations of the organisation(s)/departments who will carry out the various phases of the training and the person responsible within that organisation.

Name of organisation	Name of person responsible	Component of framework delivering	On the job (✓)	Off the job (✓)	Location

Enter the apprentices' typical agreed hours of attendance for on and off the job training

Day	am		pm	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Hours				

Section 4 – Support and Progress Review

Part 1: Mentoring Arrangements

Where applicable, record the name and contact details of the Apprentice's mentor.

Contact name	Contact details

Part 2: Support Arrangements

Record any planned support arrangements for the apprentice.

Tools & equipment	
Protective clothing	
Lodgings	
Travel	
Special provision	
Other – please detail	

Part 3: Progress Reviews

A formal review of progress must involve the apprentice, employer and/or provider.

Briefly describe the process by which these reviews will take place

Formal Review Dates					
Proposed review date	Actual review date	Written review on file	Proposed review date	Actual review date	Written review on file

Record of Actual Leaving Date: _____/_____/_____

Signatures

We hereby confirm that we have read, and understood and agree with the contents of the ITP.

Apprentice name	Signature	Date
Employer name	Signature	Date
Provider Name	Signature	Date
(if different to employer)		

Section 5 – Additional Information

Any additional information discussed



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Appendix 2a Individual Training Plan (Best Practice)

Section 6 – Agreed Changes

Details of Agreed Changes

Apprentice name	Signature	Date
Employer name	Signature	Date
Provider name	Signature	Date
(if different to employer)		

Appendix B – Quarterly Review Forms

Quarterly Review Questionnaire

Note: **All** questions **must be** answered and will form the basis of an open discussion during your quarterly review.

Name				
Work location				
Date of review				
	Question	Response		
1	What progress have you made with your Scottish Vocational Qualification (SVQ)?			
2	Have you encountered any problems whilst doing your SVQ? If so what?			
3	Is your Log book/diary up to date? What input have you made?	(If applicable)		
4	What have you learned within your workplace in the last three months?			
5	What Health and Safety issues should you be aware of within your workplace? Is your Health and Safety checklist up to date/completed?			
6	At your previous quarterly review, work targets and SVQ targets were agreed- to what extent have you met them? (If you have not met them, please state reason).			
7	Do you complete your weekly expenses/diary sheets on time? (If not, please state reason).			
8	What equipment or machinery have you been trained to operate over the last three months?			
9	Have you been late or absent from work/college? (If yes please state reason).			
10	Are you able to discuss your SVQ progress with your assessor/college provider? Are they helpful?			

11	Are you able to discuss your work progress with your supervisor /mentor?	
12	In what way do you find colleagues helpful and willing to assist you with your work?	
13	What would you like to learn over the next 3 months?	
14	Have you any problems receiving pay or travel expenses? If so, what?	
15	Are there any problems or difficulties you may be having which you would like to discuss at the quarterly review?	
16	Please comment on how you feel your training is progressing to date.	
Name (print)		Signature
		Date

Supervisor: Quarterly Review Questionnaire

Note: **All** questions **must be** answered and will form the basis of an open discussion during the trainee quarterly review.

Where you feel appropriate please support potential "yes / no" answers with examples / details to allow further discussion.

The shaded sections will be completed by the training co-ordinator.

Trainee name	
Work location	
Date of review	

	Question	Your response/specific details
1	What are the main duties undertaken by the trainee?	
2	What workplace training has been provided for the trainee in the last 3 months?	
3	In what way is the trainee able to apply their Health and Safety knowledge within their workplace?	
4	Have you /previous supervisor countersigned the trainee's Health and Safety checklist?	
5	Provide examples of how the trainee has shown willingness and enthusiasm to undertake jobs and complete their training in the last three months.	
6	Does the quality of work the trainee completes meet expectations and standards set? In what way?	
7	Have you encountered any specific workplace problems with the trainee?	
8	Has the trainee been late /absent over the past three months?	
9	What machinery / equipment has the trainee been trained to use in the last three months?	

10	How well does the trainee interact with colleagues?				
11	What kind of training will be given to the trainee over the next three months?				
12	Did you receive an overview or briefing on how the training programme operates?	Yes	No <u>What action to be taken</u>		
13	Do you have a copy of the Supervisor's handbook?	Yes	No <u>What action to be taken</u>		
14	Do you receive information of the SVQ progress of your trainee from the Assessor/College/training co-ordinator?	Yes	No <u>What action to be taken</u>		
15	Is there any area of the programme you feel you need additional support/training?	No	Yes <u>What action to be taken</u>		
Supervisor name (print)			Signature		
					Date



Modern Apprenticeship Apprentice Progress Review



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Apprentice Name:
Date of Review:

Period of Review:
Next Review Date:

Section 1: Progress against achieving qualification: short-term goals

In relation to my apprenticeship, I have completed all the activities that I expected to (those agreed with my tutor/assessor since we last met formally)

Apprentice Comments	1	Provider comments
	2	
	3	

1. I have completed all my activities as set out previously 2. I have completed some of the activities 3. I have not completed any of the activities and need more support

Section 2: Progress against core skill development

I am confident that I am developing my core skills (communication, problem solving, numeracy, working with others, ICT) and transferable skills (e.g. career management skills, employability skills) and using them effectively in line with the needs of my workplace and for what I need to achieve in my apprenticeship

Apprentice Comments	1
	2
	3

1. I am confident that I am developing my core skills well and using them effectively 2. I am gaining confidence in developing my core skills and know the areas I need to focus on before the next formal visit 3. I am not aware that I am developing any core skills

Section 3: Where am I with my apprenticeship journey?

I have completed approximately this % of my apprenticeship	10-20% ☐ 21-30% ☐ 31-40% ☐ 41-50% ☐ 51-60% ☐ 61-70% ☐ 71-80% ☐ 81-90% ☐ 91-100% ☐
I am on track for completing my apprenticeship by this date	
I have completed this additional training since my last review	

Section 4: Other areas we discussed that are relevant to my progression

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Section 5: Goals for next formal review which is due on this date:

Before the next formal review with my tutor/assessor, these are the areas I am going to work on for my apprenticeship qualification:

Section 6: Employer Contribution

Employer Representative Comments

Are you confident that your apprentice has made the expected progress expected in relation to their individual circumstances? Yes ☐ No ☐

Are you confident that your apprentice is developing the core skills (communication, problem solving, numeracy, ICT, working with others) as is required for their apprenticeship and in line with your workplace requirements? Yes ☐ No ☐

Employer should add comments relating to the Apprentice's learning in the work place.

Section 7: Changes to information held in FIPS (Please refer to MA Specification Part 4.2.1 for changes that can be recorded here)

Before signing this APR, please remember to discuss the process for FIPS validation with the Apprentice and Employer.

Section 8: Signatures

Apprentice: **I agree that the information above is a true reflection of the progress I have made in my apprenticeship and I am committed to working on the areas I have set out above before my next formal review.**

Apprentice Signature:

Date:

Provider: **I agree that this apprentice has made the progress on their apprenticeship as documented above and I have agreed clear goals with them to move towards achieving their full apprenticeship.**

Provider Representative Name:

Provider Representative Signature:

Date:

Employer (manager/buddy/mentor/employer representative): **I agree that I have been involved and invested in the progress of my apprentice and I am committed to supporting my apprentice to further progress towards their apprenticeship goals as set out above.**

Employer Representative Name:

Position held by Employer Representative:

Employer Representative Signature

Date:



Modern Apprenticeship

Apprentice Progress Review for QPR Payment Plan



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This document is to support a milestone claim on a quarterly basis

Apprentice Name:
Date of Review:
Milestone Number:

Period of Review:
Next Review Date:

Section 1: Progress against achieving qualification: short-term goals

In relation to my apprenticeship, I have completed all the activities that I expected to (those agreed with my tutor/assessor since we last met formally)

Apprentice Comments	1	Provider comments
	2	
	3	

1. I have completed all my activities as set out previously 2. I have completed some of the activities 3. I have not completed any of the activities and need more support

Section 2: Progress against core skill development

I am confident that I am developing my core skills (communication, problem solving, numeracy, working with others, ICT) and transferable skills (e.g. career management skills, employability skills) and using them effectively in line with the needs of my workplace and for what I need to achieve in my apprenticeship

Apprentice Comments	1
	2
	3

1. I am confident that I am developing my core skills well and using them effectively 2. I am gaining confidence in developing my core skills and know the areas I need to focus on before the next formal visit 3. I am not aware that I am developing any core skills

Section 3: Where am I with my apprenticeship journey?

I have completed approximately this % of my apprenticeship	10-20% ☐ 21-30% ☐ 31-40% ☐ 41-50% ☐ 51-60% ☐ 61-70% ☐ 71-80% ☐ 81-90% ☐ 91-100% ☐
I am on track for completing my apprenticeship by this date	
I have completed this additional training since my last review	

Section 4: Other areas we discussed that are relevant to my progression

Section 5: Goals for next formal review which is due on this date:

Before the next formal review with my tutor/assessor, these are the areas I am going to work on for my apprenticeship qualification:

Section 6: Employer Contribution

Employer Representative Comments

Are you confident that your apprentice has made the expected progress expected in relation to their individual circumstances? Yes ☐ No ☐

Are you confident that your apprentice is developing the core skills (communication, problem solving, numeracy, ICT, working with others) as is required for their apprenticeship and in line with your workplace requirements? Yes ☐ No ☐

Employer should add comments relating to the Apprentice's learning in the work place.

Section 7: Changes to information held in FIPS (Please refer to MA Specification Part 4.2.1 for changes that can be recorded here)

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Before signing this APR, please remember to discuss the process for FIPS validation with the Apprentice and Employer.

Section 8: Signatures

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Apprentice Signature:

Date:

Provider: **I agree that this apprentice has made the progress on their apprenticeship as documented above and I have agreed clear goals with them to move towards achieving their full apprenticeship.**

Provider Representative Name:

Provider Representative Signature:

Date:

Employer (manager/buddy/mentor/employer representative): **I agree that I have been involved and invested in the progress of my apprentice and I am committed to supporting my apprentice to further progress towards their apprenticeship goals as set out above.**

Employer Representative Name:

Position held by Employer Representative:

Employer Representative Signature

Date:

Appendix C – Craft Apprenticeship Trainees - Indirect Sheet

Name:				Employee Number:			
Trade:				Wk Com (Mon):			
Normal working.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Normal 1.5	Normal 1.5	Normal 1.5	Normal 1.5	Normal 1.5	1.5	1.5
Supervision							
Stores							
Driving							
Labouring							
No Work							
Holiday							
Sick							
Ind Injury							
Inc weather.							
Vehicle breakdown, punctures.							
Servicing							
Training/Meet							
Union duties							
Sp leave paid							
Sp leave unpd							
College							
Rest Time - Stby							
Auth absence.							
Unauth abs.							
Operational technical officer information.							
		Checked				Checked	
		Yes	No			Yes	No
Corporate wear worn.				Core hours worked this week?			
ID badge carried				Any application for flexible hours?			
Appropriate PPE worn				Training course arranged?			
Unsafe act/unsafe condition				Training course attended?			
Plant checks required.				Pre brief carried out?			
Plant checks carried out.				Post brief carried out?			
Vehicle check required.				No. of Jobs attended this week?		Job Information:	
Vehicle check carried out.				No. of jobs complete?			
Vehicle damaged?				No. require material?			
Vehicle cleaned outside?				No. require other trade?			
Vehicle cleaned inside?				Unmeasured work allocated.			
Mileage sheet submitted?				Time taken acceptable?			
Job Audits carried out.				General Comments:			
Job Audits satisfactorily concluded.							
Materials booked checked?							
Claims Checked?							
Hours on Job checked?							
BSI - TARGET v WEEK ACTUAL.							
Customer complaint raised.							
Complaint against operative?							
Complaint satisfactorily resolved?							
Jobs Visited?							
Workmanship acceptable?							
Employee Comment:							
Signature of Claimant		Authorised By		Input to system by:			
Date:-		Date:-		Date:-			

Enter job numbers and hours spent for all direct jobs undertaken each day
Enter (Y/N) in the Job Completed column

Housing & Technical Resources

[illegible]

Name:		Employee Number:	
ade:		Period:	

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Check ID badge carried and ask Do You Actively Show?														
Appropriate PPE worn														
Unsafe act/unsafe condition														
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5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Training course arranged?</td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td>Training course attended?</td><td></td><td></td></tr> </table>	Training course arranged?			Training course attended?			Comments...
Training course arranged?								
Training course attended?								
☐ Checked ☐ YES ☐ NO								

6	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Do you have any matters the BSO can assist with?</td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td>Any Workmanship matters arising from audits?</td><td></td><td></td></tr> <tr><td>Any issues arising from materials or stores?</td><td></td><td></td></tr> <tr><td>Are dayworks being used too often?</td><td></td><td></td></tr> </table>	Do you have any matters the BSO can assist with?			Any Workmanship matters arising from audits?			Any issues arising from materials or stores?			Are dayworks being used too often?			Comments...
Do you have any matters the BSO can assist with?														
Any Workmanship matters arising from audits?														
Any issues arising from materials or stores?														
Are dayworks being used too often?														
☐ Checked ☐ YES ☐ NO														

7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Has there been any Customer Feedback or Complaints Raised?</td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td>Any issues on timekeeping or handing in paperwork?</td><td></td><td></td></tr> </table>	Has there been any Customer Feedback or Complaints Raised?			Any issues on timekeeping or handing in paperwork?			Comments...
Has there been any Customer Feedback or Complaints Raised?								
Any issues on timekeeping or handing in paperwork?								
☐ Checked ☐ YES ☐ NO								

Signature of Claimant	Authorised By	Input to system by:
Date:	Date:-	Date:-

Appendix D – Training Agreement and Information Exchange

This form will be used to gather the relevant details to be used to add you to our systems, including your authorisation for your personal data to be stored and shared. A copy of this will be kept in your file as proof of this agreement. Once we add you to our FIPS System you will receive a validation text or e-mail – this will be dependent on your chosen contact method. You must respond Y to this message to validate your place on the programme. Further information will be provided by your training co-ordinator at induction.



Modern Apprenticeship

Training Agreement

Please read and complete this Training Agreement carefully

Appendix 5



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Meaning of words in the Training Agreement

Some words have special meanings, as shown here:

- "Apprentice" means the person named in Section A.
- "you" "I" and related words mean the person who signs the relevant Section F, G and H.
- "SDS", "we" and related words mean the Skills Development Scotland Company Ltd.
- "Employer" means the organisation named in Section C and G.
- "Provider" means the organisation named in Section D and H, which holds the contract with SDS to provide the MA services to the Apprentice.
- "MA Programme" or "Programme" means the Modern Apprenticeship Programme funded by SDS.

An asterisk indicates information that is required for SDS purposes.

Section A - Apprentice details

* First Name		* Email address	
Middle Name			
* Last Name		* Preferred method of contact:	SMS Text ☐ Email ☐
* National Insurance (NI) Number		* Postcode	
Scottish Candidate Number (SCN)		* Address line 1	
Gender: Male ☐ Female ☐		Address line 2	
* Date of Birth		* Town / City	
* Mobile Phone Number		County	
Home Phone Number			

Section B - Apprentice history and current employment status

* Length of unemployment (before commencement of MA)

Less than 1 month ☐	1 - 3 months ☐	4 - 6 months ☐	7 - 9 months ☐
10 - 12 months ☐	13 or more months ☐	Don't know/can't remember ☐	Not Applicable ☐

* Current Role length (how long have you been in your current job role with your current employer?)

Less than 1 month ☐	1 - 3 months ☐	4 - 6 months ☐	7 - 9 months ☐
10 - 12 months ☐	13 or more months ☐	Don't know/can't remember ☐	

* Employment length (how long were you employed prior to the start of training?)

Less than 1 month ☐	1 - 3 months ☐	4 - 6 months ☐	7 - 9 months ☐
10 - 12 months ☐	13 or more months ☐	Don't know/can't remember ☐	

* Employment Status

full time ☐ part time ☐

* Pre-employment status (what were you doing before starting to work for your current employer?)

School Pupil ☐	Working for a different employer ☐
College Student ☐	Looking after home or family ☐
Made redundant ☐	On job / skills training course ☐
University Student ☐	Don't know / can't remember ☐
Other ☐	

* Highest SCQF level held (choose one from 18 options: SCQF 1 - 12, VQ 1 - 5 or None)

* SOC 2010 code based on the Apprentice's job role

Section C: Employer Details

* Employer Company Name

* Employer Address 1

Employer Address 2

Employer Address 3

* Employer City/Town Employer County

Employer Country * Employer Postcode

* Priority Sector (is the Participant employed in the priority sector?) Yes ☐ No ☐

If no, then move to "Employer contact name" If yes, which sector?

Automotive ☐	Chemicals and Biotechnology ☐	Construction ☐
Creative Industries ☐	Engineering and Energy ☐	Financial Services ☐
Food and Drink ☐	Health and Social Care ☐	Hospitality and Tourism ☐
Public Sector ☐	Transport and Logistics ☐	

* Employer contact name Employer contact telephone

Employer contact email address

Employer contact mobile At least one method of contact must be supplied

Section D: Training Details

* MA Provider

* Start Date * Expected End Date

* Area of Scotland (linked to contract) Lowlands and Uplands ☐ Highlands and Islands ☐

* Qualification reference number

* Qualification title

* Sector Skills Council * MA Framework

* Awarding Body * Occupational group

* VQ Level * Awarding Body Centre Number

* MA Centre Number

Staged Registration
(if an additional qualification is undertaken as part of the MA Framework then enter the additional qualification reference number, otherwise do not complete)

* Training Category 16 - 19 ☐ 20 - 24 ☐ 25+ ☐

Change to training category Yes ☐ No ☐ If yes, then you must provide the reason for change to training category

* Will the participant attend off the job training as part of the requirement for the MA framework? Yes ☐ No ☐

If no, then move to the next section If yes, you must provide the following:

* Training Venue name

* Training Venue address 1

* Training Venue address 2

* Training Venue address 3

* City/Town County

Country * Postcode

* Will expenses be claimed from SDS? Yes ☐ No ☐

Section E: Provider Custom Data (These fields are available for Provider's own use in FIPS)

Reference 1	Reference 5
----------------------------------	----------------------------------

Section F: Information for the Apprentice and Apprentice Acknowledgement, Undertakings and Declaration to SDS

This section explains: • how SDS will use your personal data • your requirement to co-operate with SDS and • the eligibility criteria you must meet to start as an Apprentice	
Information accuracy and exchange	As regards information accuracy and exchange, I confirm I have read and understood this Training Agreement and;
Some information about you has to be passed to us by people like the Provider and the Employer. We explain why in our Privacy Notice about the Programme on our website. The information includes the information set out in this Training Agreement, details of your achievements and progress, your records of work and portfolios related to your training, and what you do after your training finishes. We call this the "relevant information". We may share it with other bodies, as described in our Privacy Notice.	a. acknowledge that the relevant information will be passed to SDS and used as described in its Privacy Notice for the Modern Apprenticeship Programme. b. declare that the information in Sections A, B, C and D of this Training Agreement is accurate.
Co-operation	As regards co-operation, I confirm I have read and understood all of this Training Agreement and;
We, or our nominated agents, may contact you by text message, post, email or telephone, or meet you directly to: • monitor your Provider's compliance. • monitor your Provider's quality assurance. • monitor validation of your Provider's claims for payment. • develop policy about skills training. • discuss matters connected with your training.	a. agree to co-operate with SDS and any of SDS's partners or agents who may contact me to assist SDS and SDS's partners in the monitoring, audit and evaluation of the Programme and its impact. b. agree to co-operate fully with SDS (and SDS's agents) in response to any text or other message request for information to help SDS to verify the Provider's claims for payment relating to my participation in the Programme, and c. agree to co-operate fully with SDS (and SDS's agents) in response to any reasonable request for information about my participation in the Programme, to help SDS to monitor Provider compliance and quality assurance, measure outcomes and to assist with policy development.
Eligibility for an Apprenticeship	As regards eligibility for my apprenticeship, I confirm I have read and understood all of this Training Agreement and declare that;
To become a Modern Apprentice, you must meet certain minimum criteria which are set out in this section. Your Provider must explain them to you.	a. the Provider's Representative named in Section H has explained and discussed the eligibility criteria that apply to me in the Programme. b. at the date I start the Programme, the following are true and accurate: i. I have reached the Scottish statutory minimum school-leaving age ii. I am not:- • self employed. • subject to an employment restriction on my stay in Great Britain. • subject to a funding restriction that would apply to modern apprenticeships in Scotland. • in custody as a prisoner or on remand in custody. • on any employment, training or enterprise programme funded by any UK and/or Scottish Government department and/or SDS (subject to any exceptions published by SDS from time to time). • taking part in the Foundation or Graduate Apprenticeship Programme.
Full name of the Apprentice	
Signature of the Apprentice	
Date of signing	

Section G: Information for the Employer and Employer Acknowledgement, Undertakings and Declaration to SDS

By placing the Apprentice in the Programme, you, as the Employer, should be aware that the following apply in order to operate an effective Programme.

Personal data about the Employer's staff (including the Apprentice)	
Personal data a. about training the Apprentice under the Programme, and b. containing contact details of any Employer's staff (collectively, "relevant information"), may be passed to SDS for the purposes set out in SDS's Privacy Notice relating to the Programme, which can be found on the SDS website.	I acknowledge on the Employer's behalf that in relation to personal data about the Employer's staff (including the Apprentice), the relevant information will be passed to SDS and used as described in SDS's Privacy Notice for the Programme.
Eligibility for an Apprenticeship	As regards eligibility for the Programme, I confirm I have read and understood all of this Training Agreement and declare that:
To employ a Modern Apprentice, you must meet certain minimum criteria which are set out in this section.	at the date the Apprentice starts the Programme, the following are true and accurate: The Apprentice is employed by the Employer:- - and their main employment and normal working premises are in Scotland. - and is working as an employee to consolidate the skills they will gain during the Programme. - and is directly managed whilst performing their apprenticeship tasks on a daily basis using appropriately experienced staff. - and is not required or expected to perform their apprenticeship tasks in addition to their contracted number of working hours, and under a contract of employment relevant to their Programme.
Other Dealings with the Employer SDS may:	As regards the Other Dealings with the Employer and the Employer's role in supporting the Apprentice, on the employer's behalf, I;
- request the Employer to complete any questionnaire issued by or on behalf of SDS or Scottish Ministers to help evaluate the Programme. - disclose the Employer's contact details to other public bodies concerned with quality assurance to enable them to contact the Employer regarding their respective functions. - contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time. - wish to contact the Employer (perhaps through nominated agents) to discuss matters associated with the training of apprentices generally.	- declare the Employer acknowledges that its contact details may be used by SDS to contact the Employer to alert the Employer to, and discuss with the Employer, any additional services offered by SDS from time to time. - declare that the Employer acknowledges that its contact details may be disclosed to other public bodies concerned with quality assurance to enable them to contact it regarding their functions. - declare that the Employer agrees to co-operate with and help SDS and its partners or agents in monitoring, auditing and evaluating the Programme and the assessment of the Programme's impact. - declare that the Employer agrees to participate fully with the Apprentice and the Provider in the Apprentice progress review process. - declare that the Employer agrees to co-operate fully with SDS (and SDS's agents) in response to any request for information, to enable SDS to validate its claims for payment concerning the Apprentice's part in the Programme. - declare that the Employer agrees to co-operate fully with SDS and SDS's agents and any independent quality assessor body, in response to any reasonable request for information about the participation in the Programme by the Apprentice and the Provider, to help SDS (and SDS's agents and any independent quality assessor body) to monitor Provider compliance and quality assurance, to measure outcomes and to help with policy development; and - confirm that the Employer details set out in the Training Agreement and the training and employment status details for the Apprentice entered on the Training Agreement are correct.
Name of the Employer organisation	
Signature of the Employer's representative	

Section H: Information for and signature of the Provider

On behalf of the Provider, I:

- i. declare that this Training Agreement has been completed in consultation with the Apprentice and the Employer, and that the details are correct.
- ii. declare that I have explained to the Apprentice all the eligibility criteria in the MA Programme Specification.
- iii. declare that I am satisfied that at the date of my signature below, the Apprentice confirmed that they met all the eligibility criteria.

Name of the Provider	
Signature of the Provider's representative	
Full name of the Provider's representative	
Position held by the Provider's representative	
Date of signing	

Appendix E – Equality Monitoring

This form will be completed at the onset of your training. This information will be stored securely



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National Training Programmes

Equality Monitoring Form

Note to providers:

Guidance for completing this form can be found at the following link: [Equality Monitoring Guidance](#).

This form must be printed out and completed by the participant.

You must ensure that:

- both Sections A and Section B of this SDS National Training Programmes Equality Monitoring Form are given to the participant before asking the participant any of the questions in Section A
- the participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the training provider for inspection

Section A of this form must be securely disposed of immediately once the information has been entered into the FIPS secure recording system.

Section A

Programme	Modern Apprenticeship	☐
	Graduate Apprenticeship	☐
	Employability Fund	☐

Ethnic Group

What is your ethnic group?

Choose **ONE** section from A to G, then tick **ONE** box which **best describes** your ethnic group or background.

A White

☐	Scottish	☐
☐	Other British	☐
☐	Irish	☐
☐	Gypsy/ Traveller	☐
☐	Polish	☐
☐	Other white ethnic group	☐

B Mixed or multiple ethnic group

☐	Any mixed or multiple ethnic groups	☐
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C Asian, Asian Scottish or Asian British

☐	Pakistani, Pakistani Scottish or Pakistani British	☐
☐	Indian, Indian Scottish or Indian British	☐
☐	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	☐
☐	Chinese, Chinese Scottish or Chinese British	☐
☐	Other	☐

D African

☐	African, African Scottish or African British	☐
☐	Other	☐

E Caribbean or Black

☐	Caribbean, Caribbean Scottish or Caribbean British	☐
☐	Black, Black Scottish or Black British	☐
☐	Other	☐

F Other ethnic group

☐	Arab, Arab Scottish or Arab British	☐
☐	Other	☐

G All ethnic groups

☐	Prefer not to say	☐
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Religion/Belief

What religion, religious denomination or body do you belong to?

☐	None	☐
☐	Church of Scotland	☐
☐	Roman Catholic	☐
☐	Other Christian	☐
☐	Muslim	☐
☐	Buddhist	☐
☐	Sikh	☐
☐	Jewish	☐
☐	Hindu	☐
☐	Pagan	☐
☐	Another religion please write in	☐
☐	Prefer not to say	☐

Sexual Orientation

Which of the following options best describes how you think of yourself? (please tick one)

☐	Heterosexual/Straight	☐
☐	Gay/Lesbian	☐
☐	Bisexual	☐
☐	Other	☐
☐	Prefer not to say	☐

Transgender

Have you ever identified as a trans or transgender person?¹

☐	Yes	☐
☐	No	☐
☐	Prefer not to say	☐

Care Experience

- Have you ever been in care*?

☐	Yes	☐
☐	No	☐
☐	Prefer not to say	☐

* In care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives).

¹ Equality organisations use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth

Disability

- Do you have an impairment, health condition or learning difficulty?*

☐	Yes	☐
☐	No	☐
☐	Prefer not to say	☐

* lasting or expected to last 12 months or more

- If you have an impairment, health condition or learning difficulty, please select all those on the list that apply.

☐	You have a social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder, learning disability or cognitive impairment	☐
☐	You are blind or have a visual impairment uncorrected by glasses	☐
☐	You are deaf or have a hearing impairment	☐
☐	You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	☐
☐	You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder	☐
☐	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	☐
☐	You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	☐
☐	You have a disability, impairment or medical condition that is not listed above	☐
☐	Prefer not to say	☐

Section B

Privacy Statement

The responses you provide to the questions set out in Section A of this Equality Monitoring Form are required for the following purpose ("Purpose"): -

Under the Equality Act 2010, SDS is required to ensure equality of access to its services. SDS is therefore required to monitor participation within its National Training Programmes by 'protected characteristics'. 'Protected characteristics' are defined in the Equality Act, and include the categories set out in the questions in Section A of the form above. SDS publishes the data in an anonymised form (which does not identify any individual), in accordance with its obligations under the Equality Act.

Under the Children and Young People Act (2014), SDS is listed as a corporate parent and is therefore required to assess the needs of individuals that identify as being from a care experienced background. We gather this information in order to understand how our services are reaching individuals from this background and how we can improve the service we provide to them.

Your responses to the questions in Section A above ("Equalities Monitoring Data") will be provided to SDS by your Training Provider. SDS shall use your Equalities Monitoring Data only for the Purpose, and shall not disclose your Equalities Monitoring Data to any organisation or individual. Your Training Provider shall securely dispose of Section A as soon as your responses in Section A have been entered into the SDS FIPs secure recording system.

Training Provider to ensure that: -

- both Sections A and Section B of this SDS National Training Programmes Equality Monitoring Form are given to the Participant before asking the Participant any of the questions in Section A,
- the Participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the Training Provider for inspection, and
- Section A is securely disposed of as soon as the Participant's responses in Section A have been entered into the SDS FIPs secure recording system.

Participant Signature	
Print Name	
Date	

Thank you for completing this form