Expression of Interest and Vacancy Form

# Criteria

* Eligible plumbing businesses must be categorised as either Sole-Trader or Micro-SME and business owner must be a member of the CIPHE

|  |  |
| --- | --- |
| **Expression of Interest and Vacancy Form**  *Please be as detailed as possible. If successful in becoming an Ideal Standard Apprenticeship Employer, this form will be used for the vacancy.* | |
| **Internal use only**  **Division (EDA/ BMF/ FIESTA etc):**  **AMG Manager:**  **Bid No (if known):** | |
| **COMPANY** | |
| COMPANY NAME |  |
| COMPANY NO. |  |
| REGISTERED ADDRESS |  |
| COMPANY CONTACT NAME |  |
| JOB TITLE |  |
| DIRECT NO. |  |
| EMAIL |  |
| COMPANY WEBSITE |  |
| NO. OF COMPANY EMPLOYEES |  |
| **HR CONTACT**  **(If different to Primary Company Contact)** | |
| HR CONTACT |  |
| DIRECT NO. |  |
| HR EMAIL |  |
| **POTENTIAL APPRENTICESHIP DETAILS** | |
| BRANCH ADDRESS  (This is the location where the Apprentice will be based) |  |
| ROLE DESCRIPTION  (Please complete with details of the day-to-day role. Alternatively, a role description can be attached to this document). This needs to be as detailed as possible. |  |
| Can your Apprenticeship accommodate a participant who is under 18?  Working pattern and contracted hours (including any shift patterns) |  |
| Would you require your apprentice to hold a full UK Driver’s licence? |  |
| Would you be interested in a service which removes all employment and administrative aspects of having an apprentice? |  |
| Why would you like to be part of this initiative? |  |

**Eligibility Assessment**

**Please complete the below questionnaire.**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| Does this Apprenticeship replace an existing role? |  |  |
| Does this Apprenticeship replace an existing vacancy? |  |  |
| Does this Apprenticeship replace self-employed contractor/s? |  |  |
| Will contracted hours for permanent employees be reduced to accommodate this apprenticeship Placement? |  |  |
| Will the Participant be replacing the role of an employee currently on furlough? |  |  |
| Has the Department undergone recent (within the last 12 months) redundancies? Will this role take the place of a role recently made redundant? |  |  |
| Please confirm that you comply with current health and safety legislation. |  |  |
| Over the last 3 years, have there been any reportable injuries, diseases and dangerous occurrences covered by the RIDDOR regulations. If yes, please contact your Account Manager to discuss further? |  |  |
| Do you have a workplace policy on equality and diversity? |  |  |
| Do you have a workplace policy for preventing and dealing effectively with bullying and harassment? |  |  |
| Do you comply with data protection legislation (including notifying the Information Commissioner’s Office that you process personal information)? |  |  |
| Do you commit to developing the skills and experience of each apprentice? |  |  |

|  |  |
| --- | --- |
| **CONFIRMATION** | |
| SIGNED BY: |  |
| NAME: |  |
| TITLE: |  |
| DATE: |  |