**APPRENTICESHIP AGREEMENT AND CONTRACT ADDENDUM**

This agreement will form part of your employment contract and will be added as an addendum to your contract.

**Apprenticeship Particulars**

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| Apprentice name:  |  |
| Apprenticeship standard title and level: |  |
| Department: |  |
| Line Manager: |  |
| Workplace Mentor: |  |
| Start date of apprenticeship: |  | End date of apprenticeship: (If known) |  |

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| **Contract addendum** |
| **This addendum forms part of the apprenticeship policy which should be read by all concerned prior to signing.** Training will be delivered through formal education via an external provider as well as informally on the job.In line with Trust policy we require you to have an up to date DBS check.  If your apprenticeship requires a change in role you may be required to provide evidence that this is up to date. If you require a new DBS you will be required to repay the cost of obtaining a DBS check and this amount will be reclaimed in instalments from your salary. For staff in bands 4 and above, regardless of contracted hours, repayment is over a 3 month period.   You will be written to separately advising you of the process to follow.Your apprenticeship is considered a part of your employment and failure to meet the requirements of the apprenticeship may result in your employment being reviewed under the Performance Management Policy, if resolution cannot be reached informallyFor any apprenticeship requiring placements or training off the hospital site, you will be required to arrange and pay for your own transport and or accommodation. Breaks in learning must not exceed a period of more than 12 months.**If this apprenticeship requires a change in banding for the duration of the apprenticeship then the following will apply:**If a Break in Learning (BIL) is taken due to performance management, your role and banding will return to your pre-apprenticeship role/banding until resolved.If you withdraw from your apprenticeship for any reason, you will return to your pre-apprenticeship role/banding. This may not be in the area/department where you worked previously depending on whether that role is still available.If your apprenticeship is stopped permanently as a result of performance concerns, you will return to your pre-apprenticeship role/banding.Failure to adhere to the learning agreement will be considered a breach of this contract and will be considered in any learner reviews as part of your performance. |

**Learning Agreement**

**Employee**

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| In signing this Apprenticeship Agreement, I agree to: |
| 1. Ensure my mandatory training is up to date prior to commencing, and for the duration of the apprenticeship
2. Adhere to my job description, trust policies and procedures and act in accordance with the Trust’s stated Values and the Code of Conduct as per that job description
3. Attend all timetabled study days and work placements regularly and on time, notifying my line manager and training provider if I am prevented from doing so by illness or other unavoidable reason or unless officially exempted by the course tutor because of prior learning and experience.
4. Work with my workplace mentor to identify learning opportunities and environments that will support my learning
5. Ensure that any extensions or Breaks in Learning (BIL) are negotiated and agreed with my line manager and the training provider and that the Apprenticeship team are informed.
6. Complete assignments and provide other evidence in a timely fashion and by specified deadlines in relation to training provider requirements for completing academic elements of the apprenticeship.
7. Complete the qualification within the specified timescale, unless extensions have been agreed by prior arrangement. Salisbury NHS foundation Trust are not under any obligation to continue the apprenticeship if the apprentice takes longer than the agreed time to complete it.
8. Take responsibility for achieving the 6 hours per week off the job learning requirement in association with your line manager/workplace mentor
9. Take part in tri-partite meetings between the provider, line manager and myself every 3 months
10. Immediately take action if there are any issues that arise during the apprenticeship training, or if I have any concerns regarding learning and progress. I will discuss with my mentor in the first instance and or the manager and inform the apprenticeship team who will give support & advice.
11. Information directly regarding the completion of my apprenticeship being shared between the Training Provider, the Apprenticeship Team and my Line Manager where appropriate.
12. I understand that there is an expectation that I remain in the employment of Salisbury NHS Foundation Trust for 2 years following the completion of my Apprenticeship
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**Workplace Mentor**

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| In signing this Apprenticeship Agreement, I agree to: |
| 1. Undertake appropriate training to prepare the apprentice for supporting learners in the workplace and to meet their professional requirements for educating learners (where appropriate).
2. Support the apprentice to achieve the learning outcomes identified in the standard.
3. Familiarise myself with the planned role of the new apprenticeship and the expectations of the manager and the team, and contact the Apprenticeship team for support or advice if required
4. Be involved with the planning and delivery of the induction period for the apprentice
5. Take time to understand the individual learning requirements and support needed for each new apprentice
6. Become familiar with the learning outcomes of the relevant standard and level of study. Liaise with the apprenticeship team for support
7. Be the first point of contact for the apprentice
8. Provide regular support and mentorship to the apprentice
9. Participate in regular progress reviews with the apprentice and the training provider representative.
10. If there are any issues that arise during the apprenticeship training, I will discuss with the apprentice’s line manager and inform the apprenticeship lead for the organisation, who will support & advise accordingly.
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**Manager**

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| In signing this Apprenticeship Agreement, I agree to: |
| 1. Provide the practical work experience element of the apprenticeship programme including ensuring that the appropriate release time is achieved i.e. assessments, set training, examinations and the 6 hours per week off the job training and support the apprentice to achieve this. I recognise that this is a requirement in order for this apprenticeship to receive government funding and that funding is at risk of being withdrawn if the required off the job training hours are not met. In these circumstances, funding would need to be found from within the division if the apprenticeship is to continue.
2. Partake in tripartite review meetings with the apprentice and training provider, at a minimum of once every 3 months, to monitor progress and address any performance issues.
3. Assign a Mentor to the apprentice
4. Allow reasonable time within work time for the apprentice and assessor to undergo assessments a minimum of once a month.
5. Support the apprentice to complete the course within the specified timescale and monitor progress against set timescales.
6. Oversee the progress of the apprentice and be able to confirm suitability to be progressed to End Point Assessment.
7. Contribute to the ‘sign-off’ of the work-based experience component of an apprentice’s accreditation.
8. Liaise with the Apprenticeship Lead immediately when issues and concerns are raised with regards to progress and assessment.
9. Consider the apprenticeship to form a part of the individual’s employment and subject to the same requirements in respect of appraisal or performance management
10. Manage the apprentice in line with existing policies and procedures for all staff.
11. Consider any application for a Break in Learning from the apprentice or Training Provider.
12. Inform the Apprenticeship Team of any changes to employment as soon as known; this may include a change of department or line manager or following resignation or redeployment.
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In the event of the apprentice failing EPA, the Training Provider will fund the first resit.

The department will agree to fund [TBC] further EPA resits.

**Signatories**

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| Apprentice: |  | Date: |
| Workplace Mentor: |  | Date: |
| Line Manager: |  | Date: |

**ONCE SIGNED PLEASE RETURN TO THE APPRENTICESHIP TEAM.**

3 copies will be taken, one returned to be added to staff file, one kept in Education files, one shared with training Provider. The original copy will be returned to the staff member for their personal records.

**Useful contacts:**

Apprenticeship Team: sft.apprenticeships@nhs.net

Practice Education Team (Clinical): sft.practiceeducationteam@nhs.net