APPENDIX B

**Apprenticeship Change of Circumstances Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Email: |  |
| Contact No: |  | Bleep: |  |
| Job Title: |  | Department and Directorate: |  |
| Line Manager: |  |

|  |  |
| --- | --- |
| I am currently on the following Apprenticeship course and level: |  |

**I would like to inform you of the following change in my circumstances that will affect my apprenticeship.**

|  |  |  |
| --- | --- | --- |
| Change to report | Reason for change or new details | Line Manager e-signature |
| I would like to stop my apprenticeship completely |  |  |
| I am leaving the trust but would like to continue my apprenticeship |  |  |
| I am changing my role/department but will be able to continue with my apprenticeship in my new role- please give details of new role/department |  |  |
| I am changing my working hours |  |  |
| I have a new line manager |  |  |
| I would like to take a break in learning | **Reason** | **Please tick** |  |
| Personal Circumstance |  |
| Long Term Sickness |  |
| Maternity Leave |  |
| Other….please specify |  |
| I have discussed this change with my line manager and have their approval | Apprentice Signature | Line Manager Signature |
|  |  |

**This page of the form will be returned to your line manager for your personal file**

|  |
| --- |
| **If stopping your apprenticeship completely please also complete the following to help us to offer the best support to our apprentices:** |
| Please confirm if you have considered taking a Break in Learning as an alternative to stopping | Agree | Disagree |
| Please give details on why you did not pursue this option |  |
| I feel I was well supported by training Provider | Agree | Disagree |
| Please give details |  |
| I feel I was well supported by my line manager | Agree | Disagree |
| Please give details |  |
| I was confident that I knew where to go if I was having problems with my apprenticeship | Agree | Disagree |

**If you are continuing with your apprenticeship is there anything you would like us to know about your experience so far.**

|  |
| --- |
|  |

**Please return to:** **sft.apprenticeships@nhs.net**

**Or**

**The Apprenticeship Team**

**Education Department**

**Level 5**