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| **This section below to be completed by prospective Apprentices line manager.** |
| Service Name:       | Manager’s Name: Contact Number:  |
| Service Address: Service Type:BDU [ ] Children Services[ ] Head Office[ ] Family Placement[ ] Other (*please state*): |
| Apprenticeship Type: Level:  |
| Proposed Start Date:  |
| Is this an existing member of staff? Yes [ ]  No [ ]   | Or new position? Yes [ ]  No [ ]   |
| If an existing post, please confirm staff name:Contact Number:Current job title: |
| How did the prospective Apprentice find out about the Apprenticeship Academy? B-Hive[ ] Word of mouth/colleague[ ] Internal email[ ] Lunch & Learn attendee[ ] Other (please state)  |
| Please send this completed form to the ETS mailbox: ETS@barnardos.org.ukYou will receive a response within 5 working days. |