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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.uk](mailto:ETS@barnardos.org.uk)  You will receive a response within 5 working days. | | |