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

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| **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.**

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| **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? |  |  |

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