**Endorsement Required From Employer**

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| **Employer Details** **(To be completed by employer using BLOCK CAPTALS)** | \* Title: |
| \* Surname: | \* First Name: |
| \* Contact address:\* Postcode: | \* Position: |
| \* Tel: |
| \* Mobile: |
| \* Email: |
| \* Which course is your employee applying for (please tick): (Work requirement)Foundation Degree in Education (minimum of 4 hours a week voluntary/paid work) Foundation Degree in Early Childhood Studies (minimum of 4 hours a week voluntary/paid work)BA Hons Education (minimum of 4 hours a week voluntary/paid work)BA Hons Early Childhood Studies (minimum of 4 hours a week voluntary/paid work)PGCE/Certificate in Education (4-5 hours a week voluntary/paid work)Foundation Year Health & Social Care (various) |
| Are you prepared to support the applicant with his/her studies? Yes No  |
| \*Who will be the named mentor who will support the applicant? (Please give contact details of mentor if different from yours).Mentor Name: ………………………………….. Mentor Position: …………………………….Mentor Contact Tel. No………………………… Mentor Email: ………………………………. |
| **Applicant Details** **(To be completed by employer)**  | \*Title: |
| \*Surname: | \*First Name: |
| Position:  |
| The applicant works full-time/part-time.The applicant is employed/volunteering.(Delete as appropriate)  |
| How many hours does the applicant work a week? PTO |
| How long has the applicant held this position? |
| Please give a brief description of their responsibilities. |
| What is the age range of learners the applicant is working with? |
| **Current DBS Check****(To be completed by employer)**  |  |
| The applicant is required to be employed in either a paid or voluntary capacity in a relevant setting with children and young people (or adult learners for PGCE/CertED students). Please complete the details below:**I confirm that the applicant has appropriate and current Disclosure and Barring Service (DBS) clearance:** **Yes No**(The College needs to ensure that this process has been carried out and the applicant is eligible to join the course).**\*DBS Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*Disclosure Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Are any disclosures recorded on the certificate? Yes NoPlease note: the applicant will not be fully enrolled onto their course until the college has this information. |
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| **To be signed by employer.** |  |
| **I can confirm that the above named person is working as an employee or volunteer.****Signed: (employer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please authenticate with an institutional stamp, compliment slip or letterhead.**Please return to the applicant or direct to: Lisa Pagan, Senior Admissions Officer, H.E. & Skills, Ashton Sixth Form College, Darnton Road, Ashton-under-Lyne, OL6 9RL. |