

Endorsement Required From Employer

Employer Details (To be completed by employer using BLOCK CAPTALS)	* Title:
* Surname:	* First Name:
* Contact address: * Postcode:	* Position:
	* Tel:
	* Mobile:
	* Email:
<p>* Which course is your employee applying for (please tick): (Work requirement)</p> <p>Foundation Degree in Education <input type="checkbox"/> (minimum of 4 hours a week voluntary/paid work)</p> <p>Foundation Degree in Early Childhood Studies <input type="checkbox"/> (minimum of 4 hours a week voluntary/paid work)</p> <p>BA Hons Education <input type="checkbox"/> (minimum of 4 hours a week voluntary/paid work)</p> <p>PGCE/Certificate in Education <input type="checkbox"/> (4-5 hours a week voluntary/paid work)</p>	
<p>Are you prepared to support the applicant with his/her studies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>*Who will be the named mentor who will support the applicant? (Please give contact details of mentor if different from yours).</p> <p>Mentor Name: Mentor Position:</p> <p>Mentor Contact Tel. No..... Mentor Email:</p>	
Applicant Details (To be completed by employer)	*Title:
*Surname:	*First Name:
Position:	
<p>The applicant works full-time/part-time.</p> <p>The applicant is employed/volunteering.</p> <p>(Delete as appropriate)</p>	
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 No

Please note: the applicant will not be fully enrolled onto their course until the college has this information.

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, Higher & Adult Education, Ashton Sixth Form College, Darnton Road, Ashton-under-Lyne, OL6 9RL.