**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 No    Please 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. | | |