

New Apprenticeship Appointment Request

CHRIS/10B

This form is to only be used for making appointments to recognised apprenticeships only. It should not be used for trainees or under-appointments requiring further in-service training.

Guidance on the apprenticeship scheme can be found at <http://www.apprenticeships.admin.cam.ac.uk/>

Please complete this form in BLOCK CAPITALS.

Section A – Start date, institution and position

In question 4 tick “existing employee transfer” if the appointee is a current employee of the University in any faculty, department or other institution.

1. Start date of appointment (dd/mm/yyyy)

2. Faculty / Department

3. Position title

4. Type of request

Tick one

New staff member

Existing employee transfer

5. Position type

Assistant

Section B – Personal details

Enter the personal details of the appointee.

6. Surname

7. Forenames

8. Title

9. Gender

Female

Male

10. Date of birth (dd/mm/yyyy)

11. N.I. Number

12. Home / Personal Address (required)

13. Home / mobile phone no.

14. Is the applicant a current or previous employee of the University (including TES)?

Yes

No

Don't know

15. Does the applicant currently have the right to work in the UK?

Yes

No

If no National Insurance number is available yet, question 11 may be left blank.

We are required to hold employee home addresses. Please complete question 12.

Section C – Length of apprenticeship and probation

Enter an expected end date of the apprenticeship

16. Expected End Date (dd/mm/yyyy)

If you do not enter a probation period, a default period will be used as set out in the University's probation policies. Write "NIL" if the probation period should be waived.

17. Probation period (months)

HR Use

Person

Post

Posn.

Section D – Payment details

18. Apprentice Grade
19. Point on apprentice scale
20. Annual Salary

Section E – Hours and working pattern

Indicate in question 21 if the appointment is part-time. If you have answered "Yes", you must complete question 22. 36.5 hours is full-time for assistant staff.

21. Is the appointment part-time?

Yes No

22. Hours per week if not full-time

23. Working pattern

Every weekday Monday-Friday

Multi-week pattern – give details in Q24

Specified below

Mon Tue Wed Thu Fri Sat Sun

24. Multi-week pattern

Section F – Line Manager

Enter here the number of the position the apprentice reports to, the position title and the holder.

If you complete question 25, you do not need to complete questions 26 and 27.

25. Position Number of Manager
26. Position Title of Manager
27. Manager's name

Section G – Apprenticeship details

If you are unsure whether the apprenticeship comes under a Framework or Standard or what to complete in this section please contact Personal and Professional Development (PPD) by email at apprenticeships@admin.cam.ac.uk or by phone (01223) 332343

28. Is the Apprenticeship under:

Framework?

Standard?

29. Please specify the Framework/Standard title. i.e. Associate Project Manager

30. Please specify the Apprenticeship level. i.e. Level 4

31. Please specify the Sector. i.e. Business and Administration

Section H – Details of Learning Provider

We are required to enter these details in the contract

32. specify the name of the external learning provider

Will the external learning be:

33. A specific number of **hours** per week?

Yes (go to Q34)

No (go to Q35)

34. Number of **hours** per week

Is this term-time only

35. A specific number of **days** per week?

Yes (go to Q36)

No (go to Q37)

36. Number of **days** per week

Is this term-time only

37. Work place assessment?

Please give details below

Section I – Funding details

39. Position funding details

Research Grants

Project Code (e.g. AAAG/001)	Tsk (e.g. 01)	Award (e.g. RG12345)	Trans. Code (e.g. ABAB)	% of funding	From mm/yy	To mm/yy
/						
/						
/						

Other Accounts

Cost Code. Dpt CC SOF TRANS E.g. AA AABA ECAA ABAB 0000	% of funding	From mm/yy	To mm/yy
U / / / 0000			
U / / / 0000			
U / / / 0000			

Section J – Screening Checks

Question 40 relates to checks required for an employee to do this job and whether or not it is essential that these checks are completed before the employee starts work. **Please refer to the instructions found in the [identifying screening checks section](#) of the Recruitment Guidance.**

40. Screening checks required	Yes – essential before start	Yes – not essential before start	No
Health			
Basic disclosure			
DBS - standard			
DBS- enhanced only			
DBS - enhanced with children's barred list			
DBS - enhanced with adults' barred list			
DBS - enhanced with children and adults' barred lists			
Security			

Section K – Place of work and contract details

Answer question 41 if the employee will be working somewhere other than the main departmental address.

41. Place of work

Section L – RAS

Answer this section to describe how the job was advertised.

42. Was the job granted permission to fill in RAS?

Yes (→ **complete Q43**)

No

43. RAS Reference (e.g. AA12345)

Section M – Comments & special conditions

44. Comments and special conditions

Institutions must send form CHRIS/22 to new employees with offer letters, as it will not be sent with contract packs. On receipt of the completed form CHRIS/22, please forward it to the Payroll Section immediately to be processed.

I authorise this appointment and confirm that this institution will meet the full cost of the appointment for the period specified (whether from its allocation deriving from the Chest, research grants, or other funds available to the institution).

Signed _____

Name _____

Position _____

Date _____

Please complete the attachment checklist below and then **send this form with any relevant attachments to the Recruitment Administration Section, HR Division, Greenwich House, Madingley Road, Cambridge, CB3 0TX or email to hrnewappointmentteam@admin.cam.ac.uk**. Use the "Online" option in the checklist where the employee has applied using web recruitment and the relevant document is saved there.

Attachment check list

	Attached	To follow	Online	N/A
Completed application form (CHRIS/5)				
Offer letter				
Acceptance letter				
Original right to work in the UK documents seen: signed & dated copy attached (not usually needed for existing University employees).				
Where evidence of right to work in the UK was taken on the first day of employment, copy of welcome letter				
DBS Check Application form				
HR19 Cover Sheet for DBS Application Forms				
Disclosure Scotland (Basic Disclosure) Application Form				
HR21 Cover Sheet for Basic Disclosures and Security Checks				
HR35 Tier 4 Student Right to Work Checklist (required for appointments of Tier 4 visa holders not switching to Tier 2 only)				