LIVERPOOL HOPE UNIVERSITY
1844

# Apprenticeship Funding Application Form

**Name:**

**Position:**

**Department:**

**Please explain why you want to apply for funding:**

**Expected Start Date:**

**Course Name:**

**Course Provider (if confirmed):**

**Length of course:**

**Total cost of course:**

**What are the benefits of you attending the programme for your department and the wider University?**

**Rationale for request for funding:**

**Is there a requirement for you to complete this qualification as part of your role?** **Yes** ☐ **No** ☐

**If Yes, please explain why?**

**If No, Is this application request for your own continued professional development?** **Yes** ☐ **No** ☐

**By signing this form, I am confirming that I am prepared to sign a repayment contract if required.**

**Signed (Applicant):**

**Supporting Statement from Head of Department (this must be completed):**

**By signing this form, I am confirming that I have discussed the course with the above employee and confirmed that they will be given the time off (usually 1 day per week, please see individual course details) under the apprenticeship guidelines to complete the course.**

**Signed (Head of School/Department):** **Signed (Dean/Director):**

**Signed (Staff Development Advisor):** **Date approved:**

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