Learner Change of Circumstances Form

Changes of Circumstance include changes of provider and changes in an apprentice’s personal or employment circumstances. If any circumstances change that affect any agreement made between provider, learner and the employer, there must be revisions made to existing agreements or new agreements created.

This form is to be complete by the Training Provider

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| **Learner Details** | |
| Name: |  |
| D.O.B: |  |
| Email Address: |  |
| Telephone Number: |  |
| **Employer Details** | |
| Company Name: |  |
| Manager Name: |  |
| Manager Email Address: |  |
| Manager Telephone Number: |  |
| Apprenticeship Account ID: |  |

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| **Details of Change of Circumstances** | | | |
| Information to be amended: | * Change of employer – *Please refer to leavers form, to be completed for previous employer* * Change to funding * Change to apprentice eligibility * Change required to the employer’s apprenticeship service account * Change to the apprentice contract or working pattern * Change to the apprenticeship duration * Change to the subcontractor * Breaks in learning – *please refer to planned break in learning form* | | |
| Details of change: |  | | |
| **New Employer Details** *(If Applicable)* | | | |
| Company Name: |  | | |
| Manager Name: |  | | |
| Manager Email Address: |  | | |
| Manager Telephone Number: |  | | |
| Apprenticeship Account ID: |  | | |
| ERN Number: |  | | |
| Contract for Service completed: | Yes/No | Uploaded: | Yes/No |
| Health & Safety Vetting completed: | Yes/No | Uploaded: | Yes/No |
| Date change to be implemented from: | DD/MM/YYY | | |
| **Checklist** | | | |
| SON - New information updated or added to Aptem | * Yes | * No | * N/A |
| SON - Funding recalculation completed | * Yes | * No | * N/A |
| SON - ILR updated with new information | * Yes | * No | * N/A |
| SON - New agreements in place and signed by all parties | * Yes | * No | * N/A |
| Provider DAS account updated with new information | * Yes | * No | * N/A |
| Employer DAS account updated with new information | * Yes | * No | * N/A |

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| **Skills Office Network** | | | | | |
| Date changes have been actioned: |  | Actioned by: |  | Signature: |  |
| **Provider** | | | | | |
| Date changes have been actioned: |  | Actioned by: |  | Signature: |  |

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| **Confirmation** | | | | | |
| Employer Name: |  | Signature: |  | Date: |  |
| Provider Name: |  | Signature: |  | Date: |  |

Link to guidance: <https://www.gov.uk/guidance/apprenticeship-funding-rules-for-training-providers/changes-in-circumstances>