

**Case for Exceptional Apprenticeship Provider and Assessment Register (APAR) Application**

Levy paying employer provider applicants only

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| **Employer Name** |  |
| **Employer delivery address(es)**  *Indicate where delivery will take place* |  |
| **UKPRN** |  |
| **Primary contact name** |  |
| **Primary contact number** |  |
| **Primary contact email** |  |
| **Employer Sector / Business** |  |
| **Proposed Application Route**  *(Main / Employer / Supporting)* |  |
| **Are you a levy paying employer?** *(Yes / No)* |  |
| **When was your last levy payment made?** |  |
| **What is your organisations annual wage bill?** |  |

*If you are not a levy paying employer provider, please do not fill in this form.*

*The government apprenticeship levy is a tax paid by employers: It only applies to those with a payroll of more than £3 million. It is used to fund apprenticeship training. The levy is charged at 0.5% of an employer's total payroll.*

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| **Has your organisation been on the APAR (previously known as the RoATP) before?**  *If yes, please give the removal reason & date* |  |
| **Intended Lead Provider on APAR**  *Supporting route only (N/A if Main or Employer route)* |  |

**Please confirm which standards you plan to deliver in:**

*List the standards below including level and location*

**Before applying to the employer provider route**

We recommend that employers who want to become an employer provider and train their own apprentices consider their long-term skills needs to ensure sustainability and the financial viability of delivering the apprenticeship training that meets these skills needs.

Due to the resources involved in managing apprenticeship programme, previous experience shows it may not be economically viable if you only plan to have less than 50 active apprentices being trained by you at any one time.  If this applies you may wish to consider the Supporting Provider route.

To assess the viability of being an employer provider you may wish to consider:

* Will you be able to meet the eligibility criteria of APAR once onboarded and start an apprentice within 3-4 months?
* Is your need to train apprentices short term e.g. over the next 1-2 years or longer term over at least the next 3-5 years or more?
* Are you satisfied with the availability and quality of existing training providers that could meet your needs?
* Are the volume of apprentices that you plan to train every year sufficient to be cost effective and provide you with value for money on your training costs?
* Have you costed your planned programme to take into account the limits on funding you could generate for each apprenticeship standard?
* Have you calculated the cost of delivering your apprenticeship training, including only eligible costs, to ensure that you can recover some or all of your costs?

We have account managers who will discuss your plans with you to help you make a well-informed decision that is right for your organisation before applying.

**Please detail evidence you are addressing the skills need below.**

*Evidence should include:*

* *How the apprenticeship programme that you plan to deliver meets your organisation’s business goals*
* *Planned number of apprenticeship starts per year*
* *Capacity to deliver in the sector / standard(s) specified*

*We may check this information provided.*

*(maximum of 500 words, further relevant attachments are accepted, please list these below)*

*Note: Please submit this completed exception form and any further evidence, via attachments, to* [*APAR.Mailbox@education.gov.uk*](mailto:APAR.Mailbox@education.gov.uk)*.*

*Submitted forms and evidence will be reviewed and an outcome should be provided within 10 working days.*

*Note: If successful in demonstrating that you are addressing the skills need**you will be invited to apply to the register. You will have 30 calendar days from the invitation to make your application, at such time this invitation window will expire.*

*Note: This part of the process is no guarantee you will be accepted onto the register. Success at this stage only gives you the opportunity to submit an application.*

**For Internal use only**

|  |  |
| --- | --- |
| Name / Grade |  |
| Signature |  |

|  |  |  |
| --- | --- | --- |
| G6 name |  | |
| Do you support the Exceptional APAR application (Yes / No)? | |  |
| Signature |  | |