**Request to join the Apprenticeship Provider and Assessment Register (APAR)**

This form is for OfS Registered Providers with Degree Awarding Powers

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| --- | --- |
| **ORGANISATION INFORMATION** | |
| Legal Name of training provider: |  |
| Trading Name of training provider: |  |
| Contact details for training provider: | |
| Name: |  |
| Job Role: |  |
| E-mail address: |  |
| What is your UK provider reference number (UKPRN)? |  |
| This is an 8-digit number from the [UK Register of Learning Providers](https://www.ukrlp.co.uk/) (UKRLP).  If you do not have a UKPRN, you’ll need to [register](https://www.ukrlp.co.uk/ukrlp/ukrlp_registration.page_pls_regProviderStep1) with the UKRLP.  You will need this number in order to join the APAR. | |
| Please confirm your organisation type | Choose an Organisation Type... |
| Please confirm your level of Degree Awarding Powers (DAPs) [If applicable] | Choose an item... |
| **EMPLOYER INFORMATION** | |
| Name of Employer intending to employ the apprentices: |  |
| Address: |  |
| Main Contact Name: |  |
| Main Contact Number: |  |
| Main Contact Email Address: |  |
| **APPRENTICESHIP DELIVERY INFORMATION** | |
| Proposed application route onto APAR: | Main/Supporting *(delete accordingly)* |
| What apprenticeship sector do you intend to deliver in:  *Please list the main sector.* | Choose a sector... |
| What apprenticeship standard(s) do you intend to deliver in:  *Please name all standards.* |  |
| Estimated total number of starts in next 12 months: |  |
| Planned start dates: |  |
| **OFSTED INFORMATION (if applicable)** | |
| Current Ofsted grade: | Choose an Ofsted Grade... |
| Date of last inspection: |  |
| **DECLARATIONS** | |
| I have read and agree to the Apprenticeship Provider and Assessment Register [Conditions of Acceptance](https://www.gov.uk/government/publications/apprenticeship-provider-and-assessment-register-conditions-of-acceptance) | Yes / No *(delete accordingly)* |
| I consent to be contacted by the DfE / ESFA to discuss this information | Yes / No *(delete accordingly)* |
| Do you understand that your organisation will not join the APAR until it completes all onboarding requirements? | Yes / No *(delete accordingly)* |
| **Signature** |  |
| **Name:** |  |
| **Date:** |  |