**Request to be invited to apply to the Apprenticeship Provider and Assessment Register (APAR)**

This form is for OfS Registered Providers and Initial Teacher Training Providers (ITT Accredited & Lead Partners) only.

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| **ORGANISATION INFORMATION** |
| **Legal Name of provider:**  |  |
| **Trading Name of provider:**  |  |
| **Contact details for provider:**  |
| Name:  |  |
| Job Role:  |  |
| Email 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 to make an APAR application.  |
| Please confirm your organisation type | Choose an Organisation Type... |
| **EMPLOYER INFORMATION** |
| **Employer details:** |  |
| Name of Employer intending to employ the apprentices: |  |
| Address: |  |
| Main Contact Name: |  |
| Main Contact Number: |  |
| Main Contact Email Address: |  |
| **APPRENTICESHIP DELIVERY INFORMATION** |
| 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 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: |  |

Please note: If successful through this expression of interest, organisations have 30 calendar days to apply, from the date they receive their invitation.