Apprenticeships
Diversity Champions Network

APPRENTICESHIP DIVERSITY CHAMPIONS NETWORK ORGANISATION (ADCN): MEMBERSHIP APPLICATION

Before completing this application, you must first read the Members Information Pack.

Organisation details

Organisation name	
Sector	
Address	
Your Contact Details (name and email address)	
Secondary Contact (name and email address)	
Telephone Number	

1. **Please confirm in the box below if you an apprentice employer, a training provider, or a trade representative/membership organisation**

   (If you are a training provider or representative/member organisation please confirm if you are applying for membership as an employer, training provider or as both)

2. **Does your organisation currently pay the Apprenticeships Levy?**

   please tick as appropriate

Yes		No	

3. **How many apprentices do you currently have in your organisation, and do you have any confirmed plans to increase numbers? (if yes, please include a brief overview)**

4. **For training providers and representative/membership organisations, please add the number of employers you currently work with, engage with or are part of your membership (N/A for employer members applying).**

5a. Does your organisation currently have an Equality, Diversity, and Inclusion Strategy (EDIS) or equivalent, in place?

please tick as appropriate

Yes		No		

- **If "Yes", please forward your EDIS (or equivalent) with your application pack.**

- **If you selected "No" to question 5a; you confirm that should your application to join the ADCN be accepted, your organisation will commit to developing an EDIS or equivalent within one year.**

5b. Do you currently collect and have readily available, diversity characteristics data of your apprentices? (e.g., the % of your apprentices in your organisation who are from an ethnic minority background, have a learning difficulty or disability, are women in STEM roles or are from a from disadvantaged background)

please tick as appropriate

Yes		No	

- **If "yes" and you are able to share, please include a high-level summary of the anonymized diversity characteristics data you hold (i.e. , the % of apprentices from each of the groups mentioned above) in the box below**

If you selected "No" to question 5b; you confirm that should your application to join the ADCN be accepted, your organisation will commit to collecting anonymized diversity data of your workforce within one year

6. Please give a brief summary of activity your organisation currently does/will undertake to improve diversity within your apprenticeships programme and why you wish to join the ADCN (Max. 500 words)

Declaration of the senior person responsible for apprenticeships or senior person responsible for equality, diversity and inclusion within your organisation

By signing this application, you confirm:
- all the information included is true and accurate to the best of your knowledge.
- you have read the published membership information about the role of members and agree to the principles and commitments set out in the member pack and mission statement.
- you accept that the secretariat may ask for any additional information as they see fit to assess this application, and that you shall provide such information.

(E-Signatures are accepted for this section)

Name	
Signature	
Email address	
Telephone number	
Date when form was completed	

Please submit completed applications to the ADCN secretariat:
Enquiries.ADCN@education.gov.uk