

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

This form is for OfS registered providers with Degree awarding powers only.

## Organisation information

|  |  |
| --- | --- |
| **Legal name of training provider:** |  |
| **Trading name of training provider:** |  |
| **Training provider contact 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... |
| **Please confirm your level of Degree Awarding Powers (DAPs) [If applicable]** | Choose an item. |

## 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: |  |

## Declarations

|  |  |
| --- | --- |
| I have read and agree to the [Apprenticeships Provider and Assessment Register Conditions of Acceptance](https://www.gov.uk/government/publications/conditions-of-acceptance-for-apprenticeship-training-providers) | Yes / No (delete accordingly) |
| I consent to be contacted by the DfE to discuss this information | Yes / No (delete accordingly) |
| Do you understand that your organisation will not join the APAR until it completes all post application requirements? | Yes / No (delete accordingly) |
| Signature |  |
| Name: |  |
| Date: |  |

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