**Eligibility for Funding Criteria Confirmation**

**Both sides to be completed by the Applicant.**

 *Full detailed Criteria can be found in the Government Agency Funding Rules*

|  |  |
| --- | --- |
| **I confirm that I*: If any of these are crossed the applicant is not eligible***  |  **✓ or ×** |
| am an EU/EEA citizen  |  |
| have lived/worked in the EU/EEA for a minimum of 3 years  |  |
| **am not** resident in, Isle of Man or the Channel Islands  |  |
| am and am spending a minimum of 50% or my working hours in England.  |  |
| **am not** attending school or a HE or FE College, full or part-time  |  |
| **am not** registered with another training provider on a funded training programme including another Apprenticeship  |  |
| **am not** subject to employment or learning restrictions and/or time limit on my stay in the UK  |  |
| **am not** in custody as a prisoner or on remand |  |
| **am not** a Volunteer or Self Employed in the intended place of work |  |

|  |  |
| --- | --- |
| **Please answer all questions below:** |  |
| Start Date of Contract of Employment |  |
| End Date of Contract of Employment *(if permanent please state)* |  |
| Number of hours worked per week *(should be a minimum of 30 but* *under exceptional cricumstances you may be able to undertake and apprenticeship but the programme will be longer)* |  |
| Do you have a hold a qualification in the same or similar subject area, at the same level or above |  |
| If ✓ yes to the above question please specify the qualification achieved including subject area.  |  |
| Can the learner APL and prior Achievements. |  |
| If ✓ yes to the question above, state the percentage of APL for each qualification and attach a copy of any qualification certificates with unit details. |  |

**Additional Questions:**

**(The answers to these questions are not considered in regards to funding eligibility)**

|  |  |
| --- | --- |
| **Question** | Yes/No |
| Do you have an Educational Health Care Plan for a learning or disability need? |  |
| **If you have answered yes** do you give the college permission to inform your employer about this? |  |
| Are you in care or a recent care leaver? (The definition of this is included below) |  |
| **If you have answered yes** do you give the college permission to inform your employer about this? |  |

In care/ Care leaver definition is a young person who is: 16 or 17 and who has been looked after by the local authority/Health and Social Care Trust for at least a period of 13 weeks since the age of 14, and who is still looked after, 16 or 17 who has left care after their 16th birthday and before leaving care was an eligible child or aged between 18 and 21 (up to their 25th birthday if they are in education or training) who, before turning 18, was either an eligible or a relevant child, or both.

**Household Situation Data**

 Please tick which of the following statements apply *(one or more may apply):*

|  |  |
| --- | --- |
| **Question** | Yes/No |
| No member of the household in which I live (including myself) is employed |  |
| The household that I live in includes only one adult (aged 18 or over) |  |
| There are one or more dependent children (aged 0-17 years or 18-24 years if full time students) in the household |  |
| None of these statements apply |  |
| I confirm that I wish to withhold this information (applies to Household Section Only) |  |

**Signed by the Learner:**

**Name of Learner:**