

APPRENTICESHIP MODIFICATION FORM

Please read this information before completing the form

- The **official correspondent** of an approved education institution (AEIs) who delivers an NMC approved apprenticeship programme must complete this form.
- This form is used to apply to add a new employer partner to an NMC approved apprenticeship programme which has been approved against the new [Standards Framework for Nursing and Midwifery Education \(May 2018\)](#).
- The NMC recognise the changing service landscape, particularly within primary and community care. We acknowledge the role of Integrated Care Systems (ICS), Training Hubs and Primary Care Networks (PCNs) in supporting workforce requirements and the role each plays in supporting apprenticeships. Where a PCN is directly employing apprentices, this PCN would be an Employer Partner but must list ALL GP Practices within which the apprentice is located. Similarly we would also accept a Training Hub as the Employer Partner, providing that assurance is given that the Training Hub takes overall responsibility for ensuring that the GP Practice is meeting our education standards. The Training Hub would still need to list ALL GP practice locations within which apprentices are located. There are legal requirements which must ensure that Employer Partners take responsibility for apprentices within their employment.
- All sections of this form **must be completed** for us to consider the modification request.
- Each form must contain only **one**, approved **apprenticeship programme**.
- Each form must contain only **one**, new **employer partner**.
- The Apprenticeship Programme Lead (or equivalent) and the Director of Nursing (or equivalent) **must** sign this form.
- The official correspondent **must** sign the final declaration at the end of the form.
- If we are not provided with sufficient information you will need to re-submit the form.
- Where appropriate, we may decide to conduct a monitoring visit or desk top review as outlined in the QA Handbook.

NB: This form should not be used to apply for any other type of modification. For instance, you may not apply to adopt the SSSA via this form.

Section 1 – AEI and Programme information

Approved Education Institution (AEI)	
NMC approved apprenticeship programme title	<i>(One programme per modification form)</i>
Date programme was approved	
Proposed date from which apprentices will start the programme	<i>(We do not retrospectively approve changes to a programme so this date must be in the future.)</i>

Section 2 – Official correspondent’s declarations

a) I confirm that the institution and the new Employer Partner comply with the NMC’s standards, specifically, the Standards Framework for Nursing and Midwifery Education, the Standards for Student Supervision and Assessment and the Programme Standards.

No Yes

If ‘No’, please provide details.

b) I confirm that the institution has worked with the proposed new Employer Partner in a collaborative way, and in accordance to the processes outlined during our programme approval. This institution and the proposed Employer Partner are able to effectively support student learning in accordance with NMC standards, particularly ensuring that student apprentices have appropriate protected learning time if they are not supernumerary.

No Yes

If ‘No’, please provide details.

c) I confirm that the institution and proposed new Employer Partner has the appropriate governance mechanisms, systems and processes in place to ensure they are able to provide oversight and management of the student apprentice learning experience.

No Yes

If ‘No’, please provide details.

Section 3 – Information about the new employer partners

Please provide information and signatures for the new employer partner being added to the apprenticeship programme.

Include **both** the **overall provider** name (such as the trust, Clinical Commissioning Group (CCG), Training Hub, Primary Care Network (PCN) or company) as well as the **individual service** name (such as the general practice surgery, hospital, home, prison, private or voluntary independent sector organisation or centre).

If you’re adding a CCG, or a Local Authority (LA) as an employer partner you will need to submit a list of each service you wish to add which comes under that CCG, or LA. The list must contain the service/site name, full address and postcode and date from which apprentices will start their work placement:

Details of the new Employer Partner		
Name of the Employer Partner	Overall provider:	
	Service:	
Contact details	Correspondence address and postcode:	
	Named contact:	
	Email address:	
	Contact telephone number(s):	
	Job role:	

Section 4 - Information about the Apprenticeship Leads

Please provide contact details for the **lead person** with responsibility and oversight of the apprenticeship programme at the AEI:

Name:	
Email address:	
Contact telephone number:	

Please provide contact details for the **official correspondent or lead midwife for education (for midwifery apprenticeships)** at the AEI:

Name and role:	
Email address:	
Contact telephone number:	

This data will be processed in line with the [NMC's corporate privacy policy](#)

I confirm the information given on this form is correct and acknowledge that failure to disclose, or partial disclosure of relevant information, deliberate or otherwise, could result in the NMC withdrawing programme/AEI approval status.

*Signature of the person responsible for ensuring that NMC's standards are met at the employer partner: (e.g. Director of Nursing, Training Hub Nurse Education Lead, CEO)	
Name:	

*Signature of the Apprenticeship Programme lead at the AEI:	
Name:	

*Signature of the Official correspondent or Lead Midwife for Education (for midwifery apprenticeship):	
Name:	

*Electronic signatures accepted

Please submit this form to gateam@nmc-uk.org who will confirm if a major modification is required.

There is an example on the next page to help you complete this form

EXAMPLE: APPRENTICESHIP MODIFICATION FORM

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- The NMC recognise the changing service landscape, particularly within primary and community care. We acknowledge the role of Integrated Care Systems (ICS), Training Hubs and Primary Care Networks (PCNs) in supporting workforce requirements and the role each plays in supporting apprenticeships. Where a PCN is directly employing apprentices, this PCN would be an Employer Partner but must list ALL GP Practices within which the apprentice is located. Similarly we would also accept a Training Hub as the Employer Partner, providing that assurance is given that the Training Hub takes overall responsibility for ensuring that the GP Practice is meeting our education standards. The Training Hub would still need to list ALL GP practice locations within which apprentices are located. There are legal requirements which must ensure that Employer Partners take responsibility for apprentices within their employment.
- All sections of this form **must be completed** for us to consider the modification request.
- Each form must contain only **one**, approved **apprenticeship programme**.
- Each form must contain only **one**, new **employer partner**.
- The Apprenticeship Programme Lead (or equivalent) and the Director of Nursing (or equivalent) **must** sign this form.
- The official correspondent **must** sign the final declaration at the end of the form.
- If we are not provided with sufficient information you will need to re-submit the form.
- Where appropriate, we may decide to conduct a monitoring visit or desk top review as outlined in the QA Handbook.

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Section 1 – AEI and Programme information

Approved Education Institution (AEI)	Higher Reach University
NMC approved apprenticeship programme title	FdSc Nursing associate apprenticeship
Date programme was approved	12 March 2022
Proposed date from which apprentices will start the programme	<i>(We do not retrospectively approve changes to a programme so this date must be in the future.)</i> 19 September 2022

Section 2 – Official correspondent’s declarations

a) I confirm that the institution and the new Employer Partner comply with the NMC’s standards, specifically, the Standards Framework for Nursing and Midwifery Education, the Standards for Student Supervision and Assessment and the Programme Standards.

No Yes

If ‘No’, please provide details.

b) I confirm that the institution has worked with the proposed new Employer Partner in a collaborative way, and in accordance to the processes outlined during our programme approval. This institution and the proposed Employer Partner are able to effectively support student learning in accordance with NMC standards, particularly ensuring that student apprentices have appropriate protected learning time if they are not supernumerary.

No Yes

If ‘No’, please provide details.

c) I confirm that the institution and proposed new Employer Partner has the appropriate governance mechanisms, systems and processes in place to ensure they are able to provide oversight and management of the student apprentice learning experience.

No Yes

If ‘No’, please provide details.

Section 3 – Information about the new employer partners

Please provide information and signatures for the new employer partner being added to the apprenticeship programme.

Include **both** the **overall provider** name (such as the trust, Clinical Commissioning Group (CCG), Training Hub, Primary Care Network (PCN) or company) as well as the **individual service** name (such as the general practice surgery, hospital, home, prison, private or voluntary independent sector organisation or centre).

If you’re adding a CCG, or a Local Authority (LA) as an employer partner you will need to submit a list of each service you wish to add which comes under that CCG, or LA. The list must contain the service/site name, full address and postcode and date from which apprentices will start their work placement:

Details of the new Employer Partner		
Name of the Employer Partner	Overall provider:	Health and Care Services Ltd
	Service:	Rosewood Hospital Pentwood Prison
Contact details	Correspondence address and postcode:	123The street, The City, Scotland XYZ 234
	Named contact:	Rose Wilson
	Email address:	rwilson@email.com
	Contact telephone number(s):	01234 567 8910
	Job role:	Matron

Section 4 - Information about the Apprenticeship Leads

Please provide contact details for the **lead person** with responsibility and oversight of the apprenticeship programme at the AEI:


Name:	Becky Eliss
Email address:	B.Eliss@email.com
Contact telephone number:	01234 555 5555


Please provide contact details for the **official correspondent or lead midwife for education (for midwifery apprenticeships)** at the AEI:

Name and role:	Oliver Crisp
Email address:	O.Crisp@email.com
Contact telephone number:	01234 556 5566

This data will be processed in line with the [NMC's corporate privacy policy](#)

I confirm the information given on this form is correct and acknowledge that failure to disclose, or partial disclosure of relevant information, deliberate or otherwise, could result in the NMC withdrawing programme/AEI approval status.

*Signature of the person responsible for ensuring that NMC's standards are met at the employer partner: (e.g. Director of Nursing, Training Hub Nurse Education Lead, CEO)	
Name:	John Carr

*Signature of the Apprenticeship Programme lead at the AEI:	
Name:	Becky Eliss

*Signature of the Official correspondent or Lead Midwife for Education (for midwifery apprenticeship):	
Name:	Oliver Crisp

*Electronic signatures accepted

Please submit this form to gateam@nmc-uk.org who will confirm if a major modification is required.

End of Example