**Apprenticeship Validation Proposal**

|  |
| --- |
| **SECTION A: NEW APPRENTICESHIP COURSES** |
| 1. **School**
 |
| Choose an item. |
| 1. **Proposed Final Award**

*i.e MSc. The full list of awards offered by the University can be found in* [*Section A3.1 of Regulations for Award*](https://www.hud.ac.uk/policies/registry/awards-taught/section-a/) |
|  |
| 1. **Proposed Course Title**

*i.e. Please do* ***not*** *include the award again i.e. MA Creative Writing**The course title should include the word ‘Apprenticeship’ e.g. Podiatry (Degree Apprenticeship)* |
|  |
| 1. **Is this a new route/course or an existing route/course?**

*i.e. An apprenticeship course requires a separate PSD and* ***cannot*** *be a route through an existing non-apprenticeship course. You* ***can*** *have apprenticeship routes through apprenticeship existing courses. If the proposal is revisions to an existing apprenticeship, please complete Section B in addition to Section A.* |
|  |
| 1. **Will this apprenticeship course be taught alongside a ‘non-apprenticeship’ cohort of students?**

*Please note: this can cause issues where the students are treated ‘differently’; apprenticeship course documentation requires different language and needs managing appropriately.*  |
|  |
| 1. **Does this apprenticeship proposal intend to use any existing modules that are already validated?**

*If there are, please state module codes. Are they taught on non-apprenticeship courses currently?*  |
|  |
| 1. **Proposed start date (mm/yyyy)**
 |
|  |
| 1. **Proposed learner numbers**
 |
|  |
| 1. **Rationale for development**

*Please provide as much detail as possible including:* * *why the development is needed*
* *how activity fits in with the University and School Strategic Plans*

*If amendments are being made to modules/ courses please identify the section/s of the MSD/PSD that are being updated as this can inform a decision on the level of event. Please note that a risk-based approach is taken when allocating the level of validation event and any unknown/unclear aspects are treated as high risk.* |
|  |
| 1. **Apprenticeship Standard**

*Please identify the standard the course will be mapped to. The chosen standard must be marked as ‘approved for delivery’ from the Institute for Apprenticeships and Technical Education. E.g. Level 6, Teacher* <https://www.instituteforapprenticeships.org/apprenticeship-standards/> |
|  |
| 1. **(Maximum) Funding Band**

*Please identify the funding band. Each approved apprenticeship standard has a maximum funding band. The upper limit is the amount of digital funds the employer would be able to drawn down. If the cost of training goes over the funding band maximum, employers would need to pay the difference directly. Evidence of apprenticeship costing must be available for audit purposes.*  |
|  |
| 1. **End Point Assessment**

*Each Apprenticeship Standard as an approved End Point Assessment Plan.* *Integrated- We would be Training Provider and EPA. An EPA module must be designed into the curriculum. No independent assessor/ organisation is required.* *Non Integrated- Employers responsible for finding an independent assessor from the* [*Register of End Point Assessor Organisations*](https://www.gov.uk/guidance/register-of-end-point-assessment-organisations)*.* |
| Choose an item. |
| 1. **Marketing approval**

*This proposal cannot proceed without marketing approval if it is for a new course. Please demonstrate the market need and whether the activity will displace current student demand.* |
|  |
| 1. **Proposed mode/s of delivery**

*FT / PT* |
| Apprenticeship |
| 1. **Off the Job Training Proposed Delivery**

*e.g. One day a week/ intensive blocks* |
|  |
| 1. **Proposed delivery location**

*e.g. Queensgate or specify any other sites*  |
|  |
| 1. **Duration of course**

*If non-standard, please include start and end month. An apprenticeship must be 12 months minimum.* |
|  |
| 1. **Validated intakes**

*i.e. Sept / Jan / April. Please state if multiple intakes are planned.* |
|  |
| 1. **Does/will the course be using modules from other subject areas or Schools?**

*If so, please include full details.*  |
|  |
| 1. **Have you got employers already interested in this course?**

*If so, please include further details. Are they Levy paying?*  |
|  |
| 1. **Will the course be accredited by a professional body?**

*If so, please identify* |
|  |
| 1. **Subject Groupings (HECOS/ JACS)**

*These can be found on the ESB screen in ASIS which includes mapping from HACS to HECOS codes*  |
|  |
| 1. **Academic Contact Name:**
 |
|  |
| 1. **Admin Contact Name:**
 |
|  |
| 1. **Any further notes/ information:**
 |
|  |

|  |
| --- |
| **SECTION B: REVISIONS TO APPRENTICESHIP COURSES** |
| 1. **Please provide a brief outline of revisions**
 |
|  |
| 1. **Is there a change in title?**
 |
|  |
| 1. **Are there any changes to course learning outcomes?**
 |
|  |
| 1. **Number of new credits per level**

*i.e. 40 credits of new modules at Foundation level* |
|  |
| 1. **Number of substantially revised credits per level**

*Please include which sections of the MSD are likely to be updated* |
|  |

|  |
| --- |
| **Please return this form to your School quality assurance contact to progress:*** ADA: d.derose@hud.ac.uk
* AS: K.J.Rhodes@hud.ac.uk
* CE: SCE-validations@hud.ac.uk
* EPD: L.Townsend@hud.ac.uk
* HBS: HBS-Quality@hud.ac.uk
* HHS: HHSSAVP@hud.ac.uk
* MHM: E.Hallett@hud.ac.uk
 |