**Workplace Learning Application – September 2025**

**Applicant Information**

**Please complete this document in full and upload along with your application. If your application is successful, you may also be required to submit additional information required by the funding body.**

**Your application will not be considered until you have provided all necessary documentation**.

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| --- | --- |
| **Applicant Name** |  |
| **Programme** |  |
| **Year of Entry (e.g. 1st year)** |  |
| **Employer** |  |
| **Employer Contact Email** |  |

**Personal Statement**

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| *Please provide a brief statement explaining why you want to undertake this programme and how you feel it will benefit you in your career.* |

I confirm that:

* The premises I work in are located in Scotland
* I have the right to live and work in Scotland

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| --- | --- |
| **Applicant Name** |  |
| **Programme** |  |
| **Employer** |  |
| **Employer Address** |  |
| **Employer Contact Name** |  |
| **Employer Contact Email** |  |

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**Evidence of Employer Support**

**Your employer must provide the required information in full as evidence that they support your application. You should upload it as part of your application.**

**Your application will not be considered until you have provided all necessary documentation**.

**Employer Supporting Statement**

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| *Please provide a supporting statement to accompany your employee’s application.* |

I agree to:

* Release the apprentice for the equivalent of one day per week to complete

their studies (as per programme delivery specification)

* Allow the apprentice access to company information as required to meet

programme/ learning needs

* Support 1:1 meetings between the apprentice and their Workplace Mentor
* Attend meetings with UWS (and its representatives) as required

|  |  |
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| **Signed on behalf of employer:** |  |
| **Print Name:** |  |
| **Job Title:** |  |