**Employer Training Grant: Expression of Interest (EOI) for Central Funding Support - Registered Nurse Degree Apprenticeships**

Please complete the expression of interest and return to **nursingapprenticeproject@hee.nhs.uk**by **Monday 5th October 2020.**

**Reminder – this EOI relates only to the full RNDA and not the Nursing Associate/Assistant Practitioner two year “top up” degree.**

1. Name and key contact information (phone number and email) of organisation submitting the EOI.

|  |  |
| --- | --- |
| Name of organisation |  |
| Name of person completing form |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and job title | Phone number | Email |
| Apprentice Lead |  |  |  |
| Nursing Lead |  |  |  |
| Other contact |  |  |  |

1. In which HEE region will the funding be utilised? **Please indicate in the boxes as appropriate below**

|  |  |
| --- | --- |
| **Region** | **What region will the funding be utilised?** |
| London |  |
| Midlands |  |
| East of England |  |
| North West |  |
| North East and Yorkshire |  |
| South East |  |
| South West |  |

1. Indicate whether participating organisations are NHS employers or other employers providing an NHS commissioned service. **Please tick as appropriate**

|  |
| --- |
| NHS Employer (eg. Trust, Primary Care) |[ ]
| Other employer providing an NHS commissioned service  |[ ]

 If other, please specify (eg. STP/ICS):

1. Which of the following developments are you undertaking during 2020/21? **Please indicate in the boxes as appropriate below**

|  |  |
| --- | --- |
| Increasing current Registered Nurse Degree Apprenticeships  |  |
| Establishing Registered Nurse Degree Apprenticeships for the first time |  |

|  |  |
| --- | --- |
| Progression of existing staff  |  |
| Direct new recruits  |  |

 Other please list below

1. Tell us about your existing and planned new apprentices. **Please indicate in the boxes as appropriate below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Number? | New Recruits?  | Existing staff? | Which field of practice? (Adult, Children, Mental Health, Learning Disability) | If RNLD enhancement required tick here to confirm 50% or more of apprentice time will be working with people with a learning disability |
| 2018/19 currently on programme |  | Not applicable | Not applicable |  | Not applicable |
| 2019/20 currently on programme |  | Not applicable | Not applicable |  | Not applicable |
| 2020/21 academic year proposed new starts |  |  |  |  |  |
| 2021/22 academic year proposed new starts |  |  |  |  |  |

1. Please add any additional information to support your EOI (max 300 words)

Thank you for completing the EOI form. Please note submission of the EOI is **not** a guarantee of funding at this stage. Once all EOIs have been submitted, we will assess national demand and distribution. We will get back to you by **week commencing Monday 19th October 2020** to confirm next steps.