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EMPLOYER APPROVAL TO STUDY FORM

*Confidential Employer Approval to Study form for admission to Professional Practice or Early Years Leadership Foundation Degree at Leeds Trinity University*

Please complete and return the form by email to the Admissions Team at [admissions@leedstrinity.ac.uk.](mailto:admissions@leedstrinity.ac.uk.%20) The form should be submitted by the employer, not the applicant. Please read the below guidelines carefully before submitting the form. Please note, we cannot issue an offer until we have received the completed Employer Approval to Study Form, therefore please return the form as promptly as possible to avoid delays in offer-making.

Guidelines:

If the applicant is a returning Leeds Trinity University student, you do not need to fill out Section D.

If the applicant is an external applicant and has not previously studied at Leeds Trinity University, please fill out all sections.

If DBS information is not known by the employer, this can be provided by the applicant.

Section A: Applicant Details Section B: Referee Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Name:** |  |  | **Family Name:** |  |
| **Other Name(s):** |  | **Other Name(s):** |  |
| **Title:** |  | **Title:** |  |
| **Programme of Study applied for:** |  | **How long have you known the Applicant?** |  |
|  | | | **In what capacity do you know the Applicant?** |  |
| **E-mail/telephone number:** |  |

**Section C: Employer Support**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employer/Setting:** |  | | | | | | |
| **Name of Organisation:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Candidate Role:** |  | | | | | | |
| **How long has the candidate been employed by you?** | | | **Paid:** |  | | **Voluntary:** |  |
| **How many hours does the candidate work per week?** | | |  | | | | |
| **Age phase working with?** | |  | **Specialism (if relevant)** | |  | | |

**I agree to the applicant undertaking approved work-based tasks.**

**I confirm that the candidate has the support of their employer in applying for this course.**

|  |  |
| --- | --- |
| **Manager’s Signature** |  |
| **Print Name:** |  |
| **Telephone:** |  |

**Section D: Referee’s Assessment Form (for external applicants only): *How would you rate the applicant against each of the criteria listed below?***

Please let us know confidentially whether in your opinion the Applicant possesses the necessary academic/professional and personal qualities to undertake such a course by completing the below table.

In order to assist the Applicant in receiving a prompt decision on their application we would be grateful if you could return the reference form as soon as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| **Quality of work** |  |  |  |  |
| **Academic potential** |  |  |  |  |
| **Reliability** |  |  |  |  |
| **Attendance/punctuality** |  |  |  |  |
| **IT skills** |  |  |  |  |
| **Verbal communication skills** |  |  |  |  |
| **Writing skills** |  |  |  |  |
| **Relationships/teamwork** |  |  |  |  |
| ***Additional Comments***  ***Please indicate if you have any concerns over the applicant’s safeguarding history.*** | | | | |

Please continue on a separate sheet if necessary

**Section E: DBS Disclosure**

**If DBS information is unknown, please ask the applicant to complete this section of the form.**

|  |  |
| --- | --- |
| **Has the applicant undertaken a police check e.g DBS Enhanced Disclosure?** |  |
| **DBS Disclosure number:** |  |
| **DBS Date of Issue:** |  |
| **Workforce checked for (Child/Adult/Both):** |  |

Signed…………………………………………………….. Date …………………………………………………………