



**LIFELONG LEARNING SERVICES APPRENTICESHIP SCHEME
REGISTRATION FORM FOR APPRENTICESHIP PROVIDER**

NAME OF CONTACT PERSON:	
NAME OF BUSINESS:	
BUSINESS REGISTRATION NO.	
BUSINESS ADDRESS:	
CONTACT NUMBER:	
MOBIL NUMBER:	
EMAIL ADDRESS:	

Potential Training provision:

TYPE OF TRAINING:	SKILLS TAUGHT:	NUMBER OF TRAINEES WHICH CAN BE ACCOMODATED	BAND IN WHICH TRAINING COULD BE ACCOMODATED

Suggestions of Training from St Helena Community College and/or External Sources:

TYPE OF TRAINING	TRAINING PROVIDER	BAND IN WHICH TRAINING WILL BE PROVIDED

Details relating to your Business Provision:

PROVISION OF TRANSPORT:	
PREVISION OF PERSONAL PROTECTIVE EQUIPMENT:	
OTHER HEALTH & SAFETY PROVISION:	
INSURANCE PROVISION:	

Declaration:

I declare that I am willing to provide an Apprenticeship within my Business as stated above:

Signature:.....

Name of Provider:.....

Date:.....