

# Registration of a Trainee RT1 Application Form

Please complete in **BLOCK CAPITALS** and in black ink

## 1. Name of Employer / Organisation

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Contact name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

## 2. Apprentice/trainee details

Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Date of birth	<input type="text" value="DD/MM/YYYY"/>
Email address	<input type="text"/>		
Telephone number	<input type="text"/>		
Job Title	<input type="text"/>		
Isle of Man Worker	<input type="text" value="Yes / No"/>	Work Permit number if applicable	<input type="text"/>

## 3. Training Details

Provider name	<input type="text"/>			
Provider address	<input type="text"/>			
Course(s) undertaking	<input type="text"/>			
Award working towards	<input type="text"/>			
Start date of:	Employment	<input type="text" value="DD/MM/YYYY"/>	Training	<input type="text" value="DD/MM/YYYY"/>

## 4. Contact Information in case of an emergency

### Parent/Guardian (under 18)

Name	<input type="text"/>	Telephone number	<input type="text"/>
Relationship	<input type="text"/>	Email address	<input type="text"/>

### Emergency Contact

Name	<input type="text"/>	Telephone number	<input type="text"/>
Relationship	<input type="text"/>		

## 5. Employer Declaration

Employer Declaration : I .....(Print name) have read the following documents available on the apprenticeship website and agree by the terms and conditions therein, subject to this application being accepted by the Department of Education, Sport & Culture.

- Skills Development Scheme (2007)
- Employer Declaration (2020/21)

Signed: ..... Date: .....

Designation/role: .....

**Submission of this document is required in order to register your trainee. Failure to return this registration form within 10 working days will result in deductions of funding to the employer.** Registration isn't complete until the Training Agreement is in place.

I agree that the Department of Education, Sport and Culture may process, share or approach your institution directly to obtain relevant information as described below.

Legal basis	The data subject has given consent to the processing of his or her personal data for one or more specific purposes.
Shared with	Relevant education/training establishment, employment services and Treasury
Retention period	Six years after completion of studies
Privacy notice	<a href="https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion">https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/#accordion</a>

Please scan completed applications back to [training@gov.im](mailto:training@gov.im), or return to the below address:

The Training Services Team  
 Department of Education, Sport & Culture  
 Thie Slieau Whallian  
 Foxdale Road  
 St John's  
 Isle of Man  
 IM4 3AS

### Application notes:

RT1 – Official Use Only	
Skill code	
Employer Liability Insurance	Declaration confirmed? Yes / No (circle as applicable)
Date college training commenced or commences	DD / MM / YYYY
Date of entry into the scheme	DD / MM / YYYY
Level of course funding to be offered	Course Fees ..... % Deduction (Weeks)..... Period.....
Employer grant level	Employer Payments in : Government Yes / No Year 1..... Year 2..... Year 3..... Year 4.....
Application Approval (By Management)	Signed..... Date DD / MM / YYYY