

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"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
National insurance number	<input type="text"/>	Date of birth	<input type="text" value="DD/MM/YYYY"/>
Telephone number	<input type="text"/>	Email address	<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.

Please scan completed applications back to training@gov.im, or return to the below address:

The Training Services Team
 Department of Education, Sport & Culture
 Hamilton House
 Peel Road
 Douglas
 Isle of Man
 IM1 5EZ

Application notes:

RT1 – Official Use Only

Skill code	
Employer Liability Insurance	Declaration confirmed? Yes / No (circle as applicable)
Date 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).....
Employer grant level	Employer Payments in : Year 1..... Year 2..... Year 3..... Year 4.....
Application Approval (By Management)	Signed..... Date DD / MM / YYYY