**Graphical user interface, text

Description automatically generated with medium confidenceSalisbury NHSFT Managed Procurement Services**

**URN/ Order Form – Apprenticeships Procurements**

|  |  |
| --- | --- |
| **Employer Organisation Details** | |
| Organisation Full Legal Name – MUST match your DAS account name |  |
| Employer Address |  |
| Employer Contact Name |  |
| Employer Contact Email |  |
| Contract Signatory Name |  |
| Contract Signatory Email |  |

|  |  |
| --- | --- |
| **Education Provider Organisation Details** | |
| Organisation Full Legal Name MUST match their DAS account | East Durham College |
| Provider Address | Do not complete – completed on DocuSign when issued |
| Provider Contact Name | Jackie Lanagan |
| Provider Contact Email | jackie.lanagan@eastdurham.ac.uk |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employers – all GREEN sections on this form must be completed please. We cannot accept “tbc” etc instead of dates – the month of planned start is needed.** | | | | |
| **Apprenticeship Standard No \*** | **Apprenticeship Standard Title** | **Max Cost per Learner inc EPA** | **Estimated Number of Learners** | **Learner / Cohort Start Date** |
| **ST0889** | **Mortuary Technician** | **13,000** | **1** | **27.01.2024** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Employers :** Please send a copy of this form to [simon.dennis@nhs.net](mailto:simon.dennis@nhs.net) when your training provider is aware of your requirement. DO NOT RETURN IN ANY FORMAT OTHER THAN WORD (NO PDFs PLEASE)**Providers** : This Call-off is not valid until you receive an issued number and Employer Contract. All subsequent enrolments are covered by Framework Terms & Conditions at all times and you MUST NOT issue your own Terms & Condition or ask employers to agree to your Terms in any documentation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salisbury NHSFT Use Only** | | | | |
| Issued URN Number | URN Issue Date | New contract issued? | **Or** existing contract number | Salisbury Competition/Framework No |
|  |  |  |  |  |

**SIGNATURE FIELDS ARE COMPLETED VIA DOCUSIGN WHEN ISSUED – PLEASE DO NOT COMPLETE MANUALLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Signature** | **Date** | **Provider Signature** | **Date** |