## Advanced Practice (AP) programme: Notification of change of employer

**To:** Faculty for advanced practice working across NEY **Cc:** HEI and ICB lead

Before completing the below form, please read the below statement. By completing this form, you are agreeing that you have carefully read and understand this information.

I understand that my new role needs to adhere to the requirements for completing the AP apprenticeship through NHS England (NHSE) as per [the NEY faculty for advancing practice handbook,](https://advanced-practice.hee.nhs.uk/the-centre-for-advancing-practice/regional-faculty-for-advancing-practice-north-east-and-yorkshire/north-east-and-yorkshire-faculty-for-advancing-practice-handbook/) this includes the mandatory requirement that I am working in a trainee AP role at my new employment.

My new employer needs to apply to NHSE using the AP application portal for my AP programme to continue receiving NHSE’s support (this includes NHSE teaching and funding).

It is not guaranteed that the new employer will be successful in their NHSE AP application and failure to provide information on the criteria noted in [the NEY faculty for advancing practice handbook,](https://advanced-practice.hee.nhs.uk/the-centre-for-advancing-practice/regional-faculty-for-advancing-practice-north-east-and-yorkshire/north-east-and-yorkshire-faculty-for-advancing-practice-handbook/) could mean the application is not approved. In this case you will no longer be supported by the NHSE AP offer.

If you are a primary care AP, you will not be able to attend the NHSE teaching until your new employer has completed the relevant documents. The clinical educators will be informed once the new documents are approved. To avoid disappointment, we recommend asking your new employer to complete the AP application prior to your start date.

NHSE needs to be updated via email ([england.neyadvancedpractice@nhs.net](mailto:england.neyadvancedpractice@nhs.net)) as soon as possible with the end date for your current employment and the start date for your new employment. If you can provide an email contact for your new employer, NHSE can contact them directly to inform them of the process to apply for NHSE funding.

## Advanced Practice (AP) programme: Notification of change of employer

To be completed as soon as possible and ideally **at least** **three months** before any changes are to be introduced

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| --- | --- | --- | --- |
| **Name of trainee** |  | | |
| **Name of university** | | **Cohort start date** | **New programme end date** |
|  | |  |  |

|  |  |
| --- | --- |
| **Details of modules already completed, with dates (to be completed by trainee AP and current employer)** | |
| **Modules completed** | **Date of completion** |
|  |  |
|  |  |
|  |  |
| **Details of modules outstanding, with dates (to be completed by trainee AP and current employer)** | |
| **Modules still outstanding (with estimated completion dates if known)** | **Estimated date of completion (if known)** |
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|  |  |
| --- | --- |
| **Current role:** |  |
| **Current employer name and address** | |
|  | |
| **Leaving date:** |  |
| **Reasons for leaving** | |
|  | |

|  |  |
| --- | --- |
| **New role:** |  |
| **New employer name and address** | |
|  | |
| **New employer AP lead name:** |  |
| **New employer AP lead email address:** |  |
| **Starting date:** |  |

**CONFIRMATION OF UNDERSTANDING**

**AP Trainee**

I confirm that:

* I have read and understood the information provided on page 1 and I will inform my employer of the necessary steps to continue the NHSE apprenticeship route.
* I have advised my new employer that any funding for AP educational fees and any remaining, associated training grant is subject to new NHSE approval and any funding currently supporting me may not transfer to my new employer.
* I plan to commence my new role, with my new employer on the date stated above.
* I have advised the HEI of this change of circumstance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**Current employer**

We confirm and understand that:

* Any right to claim a training grant for the AP trainee will cease on their last day of employment with us.
* Any new/replacement AP trainees will be subject to further NHSE application/approval and availability of any new funding.
* We have discussed the reasons for leaving with the AP trainee and notified NHSE (through completion of this form).
* We have agreed that the AP trainee will be leaving our employment as detailed above.
* We have no concerns in regarding the AP trainee’s fitness to practise, skills or competence in continuing their AP training.

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name** |  | | |
| **Position** |  | | |

**New employer**

We confirm that:

* I have read and understood the information provided on page 1 and I will complete the information when requested to continue the trainee on their AP programme.
* We are fully aware of the commitment and support required to employ an AP trainee and have connected/will connect with the faculty for advanced practice.
* We acknowledge training grant and educational fees will not automatically transfer from the AP trainee’s previous employer and are subject to us submitting an application form to NHSE, signing up to the employer agreement and complying with the mandatory requirements of the NHSE offer ([listed here](https://healtheducationengland.sharepoint.com/:b:/s/FacultyofAdvancedPractice-NE/EaRI21R1FxdBu6-ymY72f8kBsZTTGNqKYXPuUIymiLVmxQ?e=fQ6DwM)).
* Training grant payments will commence once the NHSE application process is completed and approved, and the trainee AP has started at the new employment. If the trainee AP starts their employment and these documents have not been completed, the training grant will only be paid from the date all the application documents are received.
* The AP trainee is expected to start with us on the start date shown on page 2 of this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name** |  | | |
| **Position** |  | | |

**ICB lead signature**