

## Registered nurse degree apprenticeship (RNDA top up) manager's written statement of support form.

### PLEASE READ ALL SECTIONS OF THIS FORM BEFORE COMPLETING AND SIGNING

This statement must be fully completed and handed to the interviewer on the day of your interview.

You cannot be interviewed without this.

**PART A to be completed by the employee.**

**PART B to be completed by the supporting manager**

The registered nurse degree apprenticeship is a 18 or 24-month education programme, working towards becoming a registered nurse. The course combines work-based and academic learning between South Tees hospitals NHS foundation trust and an approved higher education institute (HEI).

The registered nurse degree apprentice will be based, as a paid employee, within South Tees hospitals NHS foundation trust. Whilst they will be supported by a specific area, they will experience working across both internal and external placements to gain an appreciation of the different areas of local healthcare service and meet the nursing and midwifery council (NMC) requirements. When they are students within their placement area they will be supernumerary and will not be included within staffing numbers.

### PART A

Full name	
Area of work	
Telephone number	
Email address (NOT Hotmail)	

- ☐ I have read the job description and person specification for the role and understand what is expected.
- ☐ I confirm I am committed to undertaking the entire registered nurse degree apprenticeship programme and have read and understood the terms of agreement within this form.
- ☐ The registered nurse degree apprenticeship course shifts take place over 24 hours / day (including nights and weekends), 7 days per week. I confirm I can be available for these.
- ☐ I am aware I must work a minimum of 36 hours per week (on placement weeks must be able to work 37.5 hours).
- ☐ I confirm I can provide certificate evidence of maths/English/foundation degree qualifications as listed in the essential evidence of the registered nurse degree apprenticeship job description.
- ☐ I am able to travel to all areas of South Tees hospitals NHS foundation trust (community nursing teams-Middlesbrough, East Cleveland, Hambleton and Richmondshire, Friarage hospital Northallerton, the Friary hospital Richmond, East Cleveland primary care hospital Skelton, Redcar primary care hospital) as well as external placement areas.
- ☐ I am aware that I cannot claim travel expenses if I have a placement in another hospital / area within South Tees hospitals NHS foundation trust.
- ☐ Placements are allocated at the beginning of the programme and cannot be changed (unless there are exceptional circumstances).

Employee's name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of employee: \_\_\_\_\_

Date: \_\_\_\_\_

## PART B

Full name	
Area of work	
Telephone number	
Email address (NOT Hotmail)	

- ☐ I have read the job description and person specification for the role and understand what is expected of the person applying for this role.
- ☐ I confirm that the development need for this programme of study has been identified at the applicant's annual appraisal. I agree that I have discussed the registered nurse degree apprenticeship programme study with the employee and we both understand the objectives and benefits.
- ☐ I have updated operational plans/rotas and I can release the employee as agreed without any foreseeable impact on service delivery or patient care.
- ☐ I agree to release the employee to attend the agreed registered nurse degree apprenticeship programme study days. I agree that they are available to attend these dates and I fully support this.
- ☐ I understand that if I do not support this release as stated, at a later date, it will impact on their programme of study, future workforce ability to meet service need, and may impact on future funding allocation from HEE NE.
- ☐ I have discussed \*non-attendance with the employee and highlighted the bonding clause within the study leave policy and advised the staff member named that they may be liable for the cost of the Module/Programme/Masterclass if they fail to attend / complete\* \*fail to attend = DNA (did not attend), short-term cancellation within 6 weeks, discontinuation after commencement of course, fail to complete module/ programme, fail to submit required assignment in agreed timescales.
- ☐ I am aware that due to non-attendance/non-completion, the employee may be subject to a recharge of the full/part of the costs dependent on the time of withdrawal as detailed in the repayment schedule section below.

Line managers name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Line Manager: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Trust's statement of commitment and expectations**

- ☐ The employee will be liable for the cost of the Module/Programme/Masterclass as detailed above if they:
- ☐ Cancel their place within six weeks of the Module/Programme/Masterclass start date
- ☐ Fail to attend
- ☐ Fail to complete
- ☐ Fail to pass the required examinations
- ☐ Fail to submit any required assignment within the agreed timescales.

**Repayment schedules**

**Programmes/Courses - fees between £100 to £500**

- ☐ Leaving the course during the current of the course – repayment 100%
- ☐ Leaving within 3 months of completion of the course – repayment 75%
- ☐ Leaving within 6 months of completion of the course – repayment 50%
- ☐ Leaving within 9 months of completion of the course – repayment 25%
- ☐ Leaving on or after 12 months of completion of the course – repayment NIL

**Programmes / courses - fees of £500 and above**

- ☐ Leaving the course during the current of the course – repayment 100%
- ☐ Leaving within 3 months of completion of the course – repayment 90%
- ☐ Leaving within 6 months of completion of the course – repayment 70%
- ☐ Leaving within 12 months of completion of the course – repayment 50%
- ☐ Leaving within 18 months of completion of the course – repayment 25%
- ☐ Leaving on or after 24 months of completion of the course – repayment NIL

**Waive of costs**

- ☐ The trust may waive the provisions of this section, wholly or in part, if in the trust's absolute discretion, extenuating circumstances existed e.g. the employee experiences a family crisis or ill health which may prevent them from completing/continuing the Module/Programme/Masterclass

☐ The employee must inform the relevant Course Provider if they wish to cancel / discontinue the funded CWD module/programme. The employee must complete the appropriate paperwork (Request to Cancel/Discontinue the Funded CWD module/Programme/Masterclass Form) and ensure that this is signed off by the CWD Lead

The employee understands that the trust will approve / not approve the cancellation request dependent upon the circumstances. The employee is responsible for returning the cancellation form to the course provider promptly otherwise they may be liable for all costs incurred.