

Employer Accreditation Information Hairdressing

1. Company Details

Company Name	_____		
Contact Name	_____		
No. of Employees	<input type="text"/>		
Are you a registered business/company?		(tick) Y	<input type="checkbox"/> N <input type="checkbox"/>
Have been established for at least 2 years?		(tick) Y	<input type="checkbox"/> N <input type="checkbox"/>
Are you operational for at least 11 months per year?		(tick) Y	<input type="checkbox"/> N <input type="checkbox"/>
Business Address	_____		
		Post Code	_____
Contact Numbers	Land Line _____	Mobile	_____
	Fax _____		
Email Address	_____		

2. Association Membership Details

Are you a member of a trade/professional association?	(tick) Y	<input type="checkbox"/> N <input type="checkbox"/>
**If Y, please provide proof of membership / **If N, please provide references		
What is the name of the association?	_____	

3. Apprentice's Training Supervisor

Name of Supervisor	_____		
Position Title	_____		
Does the supervisor hold a national, recognised qualification?		(tick) Y	<input type="checkbox"/> N <input type="checkbox"/>
**If Y, please provide certificates OR give details below:			

**If N, please provide professional references			
Contact Address	(if applicable, write as "as above") _____		
		Post Code	_____
Contact Numbers	Land Line _____	Mobile	_____
Email Address	_____		

4. Company Trading Sites / Workshops Where Training Will Take Place

(if training will take place on site, write "on site")

Address _____

Post Code _____

Name of Site/Workshop Supervisor _____

Contact Number _____

5. Health & Safety

Do you have a current H&S policy? (tick) Y N ****If Y, please provide copy of policy**

N.B if you have 5 or more employees, a H&S policy is required by law

****If N, describe/state below what Health & Safety control measures are in place:**

Is Personal Protection Equipment issued and in use?

(tick) Y N

6. Employers Liability Insurance Certificate

Do you hold a current certificate? (tick) Y N ****If Y, please provide a copy of certificate**

Value £

Expiry date / /20

7. Apprenticeship Information

How many apprenticeship positions are available?

How many **qualified/experienced** hairdressers are employed in the salon?

(Supervisor must have at least C&G Craft Level I & II/Advanced Craft or NVQ Level II or III or 5 years hairdressing experience, give details of qualifications and level of experience)

How many apprentices are currently employed? (give details, i.e. specify level of training)

Do you have a sufficient quantity and range of work to meet the requirements of the qualifications?

(tick) Y N

Does the salon carry out and undertake at least 80% of the work detailed in the course syllabus?

(tick) Y N

Does the salon have adequate specialist tools and equipment that would be required to fulfil the range of work within the qualification?

(tick) Y N

****If you are an independent training and assessment centre, please provide proof of awarding body accreditation and qualified assessor(s) in place, and named independent Internal Verifier**

Please note.....

Criteria for employers to join the Jersey Apprenticeship Scheme also includes:

- √ Agreeing to/preparing an **Apprentice Training Plan**
- √ **Skilled staff** to train apprentice to agreed level.
- √ Agreed arrangements for **systematic monitoring of training**, including the use of an approved **training logbook**.

8. Employer Declaration

I certify that the information provided on this application form is true to the best of my knowledge and belief, and I provide the information knowing that I shall be liable to prosecution if I have stated anything I know to be false. If funding is made available, I undertake to inform Enterprise and Business Development immediately of any change in circumstances which may affect the amount of the award. I understand that giving false information or withholding relevant information may lead to the recovery of any amounts paid by Enterprise and Business Development.

Signed _____ Date _____ / _____ / 20_____

Print Name _____

Position _____

Checklist of paperwork to be submitted

1. trade/professional association membership documentation **OR**
 professional references
2. apprentice supervisor qualification documentation **OR**
 professional references
3. copy of health & safety policy
4. copy of current employer's liability insurance certificate
5. signed JAS Training Plan or copy of salon's own training plan

Once the above is complete, and all the necessary documentation is collated, please forward to:

**The Apprenticeship Manager
Jersey Enterprise
Liberation Place
St Helier
JE1 1BB**

JERSEY APPRENTICESHIP SCHEME

Trade Area: Hairdressing

During an apprentice's time at work, it is expected that he/she will complete the following practical tasks to complement the training at the College.

Year 1

- 1st week, induction to salon environment, thereafter:
- Daily salon procedures.
- Roles and responsibilities defined.
- Target setting and achievement.
- **Applies Hygiene, Health & Safety.**

Year 2

- Increase model levels.
- Assist less experienced staff.
- Prove / practice customer skills.
- Evidence of appointment planning.
- Personal development check.
- Run model programme and build portfolio.
- **Applies Hygiene, Health & Safety.**

Year 3

- Run model, develop client portfolio and client count programme.
- Play active part in salon development.
- Continue development of new skills.
- **Applies Hygiene, Health & Safety.**

Year 4

- Set new targets for client development.
- Increase new skills programme.
- Advise and support new staff. – assist in training.
- **Applies actively hygiene, health & safety and risk assessment.**

Jersey Apprenticeship Scheme - Apprentice Training Plan

Pre employment

The decision to engage an apprentice will be weighed against current business commitments and availability of reliable, skilled staff.

Engagement

Apprenticeship candidates will be interviewed for their inherent ability, knowledge and maturity. The apprentice will be informed of the duty to attend the relevant day release course of further education, the progress to be discussed on an ongoing basis. The company rules of conduct and the Health and Safety Policy of the company will be explained.

Induction

The apprentice will be introduced to all staff as an apprentice and his/her status within the workforce as a learner explained. The induction will be dealing with health and safety at work, machinery and equipment which pose potential hazards and must not be used, and work which must not be attempted until qualified and specifically directed by the training supervisor to do so. First aid procedures will be part of the induction. *Any introduction, training and training outcomes within these areas will be recorded.*

Protective equipment will be issued and instruction given to its care and use.

Training to be achieved

The training will be based on the apprenticeship programme in operation, the examination to be passed, the requirements of the day release study programme provider, the ability of the apprentice and the circumstances of the business procedures of the company. The main aim is to assist in the training of a first class, mature tradesman within the agreed period of the apprenticeship.

Ongoing supervision

The apprentice will be under the direct supervision of the training supervisor, who may delegate the supervision explicitly to another qualified staff who is fit for the purpose.

The training supervisor decides when the apprentice is to move on to new areas of work, to be trained in new skills, the degree of direct supervision required and records or countersigns any entries in the apprentice's training log book. The monthly review of the logbook and the quarterly and yearly review of progress is carried out by the training supervisor. The training supervisor deals with any ongoing queries by the apprentice.

Review

There will be a four weekly review, quarterly review and a formal yearly review, based on the training logbook, progress of training, acquisition of skills and progress with the programme of further education.

The outcome will be discussed with the apprentice by the training supervisor and an appropriate course of action will be agreed between the supervisor and the apprentice and recorded.

Company.....

Name of Manager/Proprietor.....

Signature of Manager/Proprietor.....

Name of Training Supervisor.....

Signature of Training Supervisor.....