

The workplace visit

Employer Registration

Completed by:	Date of visit:
Company overview	
[Company name], [Company address]	
Name: Email:	Telephone: Mobile:
Industry area: Our Apprenticeship Programmes:	
Brief description of the company	
Company experience	
Years in operation: Number of full time employees: Number of qualified mentors: Previous employer on SRAS:	
Additional information	

Workplace checklist

Written Agreement of Services contract signed x 2 copies	
	Terms and Conditions of contract agreed on registration.
	Leave one with the employer with the cover letter, bring one back to the office
Our Ap	prenticeship Programme
Employer happy with:	
	Duration of course
	Off-the-job learning and on-the-job training content
	Wage rates The Minimum Wage (Guernsey) Law, 2009 16 - 18 year olds (not including apprentices) £7.50 18 years and older (All) £8.10 Industry wage rates available from The Apprenticeship Team
	Exam registration and certificate fees
	Probationary Period (minimum 6 weeks after off-the-job training begins)
Appren	ticeship Agreement
	Run through the template and address any concerns
Contra	ct of Employment
	Meets required standard (Apprenticeship Team to complete)
Certificate of Insurances	
	Employers' Liability Insurance
	Public Liability Insurance
	Professional Indemnity Insurance

Notes