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| **APPRENTICESHIP EXTENSION AGREEMENT (COVID-19)**  Employers’ Secretary Operatives’ Secretary  Vaughan Hart Steve Dillon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR USE FOLLOWING A PERIOD OF FURLOUGH LEAVE ARISING FROM THE CORONAVIRUS PANDEMIC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Between (Employer Company Name):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer (Named Person):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Email Address:** | | | | | | | | | | | | | | **Tel No:** | | | | | | | | | | | | | | | | | |
| **Apprentice Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **and (Apprentice Name):** | | | | | | | | | | | | **Date of Birth:** | | | |  | |  | | |  | |  | |  | |  | |  | |  |
| **Apprentice Email Address:** | | | | | | | | | | | | | | **Tel No:** | | | | | | | | | | | | | | | | | |
| **Parent / Guardian Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apprenticeship Trade:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N.I. Number:** |  |  |  |  |  |  |  | |  |  | **SBATC Number:** | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EMPLOYER, the APPRENTICE and the Representative of SBATC hereby agree that the APPRENTICE’S current year of apprenticeship shall be extended as detailed below to compensate for the practical training and industrial experience lost during the APPRENTICE’S recent period of furlough leave which was considered to be necessary due to the restriction introduced to prevent the transmission of the coronavirus;  **FROM** (original conclusion of current year):   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **TO** (revised conclusion of current year):   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   Consequently, the APPRENTICE’S indentured apprenticeship agreement with the EMPLOYER, as registered with SBATC, will now be scheduled to conclude on the date detailed below:  **COMPLETION DATE**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   (proposed end date of apprenticeship): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signatures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Employer:** | | | | | | | | **Signature of Apprentice:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian** (if Apprentice is under 18 years of age): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Received** | | | **Added to Database** | | | | **Registrar / Assistant** | | | | | | | | | | | | | **Registration Number** | | | | | | | | | | | |
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In terms of the GDPR Regulations the information provided on this apprenticeship extension agreement form will only be used by SBATC and our partners involved in delivery of the indentured apprenticeship. For further details on data protection please contact SBATC directly.

For further details please see SBATC website.