SMPS Salisbury Managed Procurement Services

NHS Salisbury NHS Foundation Trust

Salisbury NHSFT Managed Procurement Services
URN/ Order Form – Apprenticeships Procurements

Employer Organisation Details Employer MUST complete	
Organisation Full Legal Name	West Northants Council
Employer Address Note – Must match HMRC PAYE address for organisation	1 Angel Square Northampton NN1 1ED
Employer Contact Name	Becky Kinnear
Employer Contact Email	learninganddevelopment@westnorthants.gov.uk
Contract Signatory Name	Alison Golding
Contract Signatory Email	Alison.golding@westnorthants.gov.uk

Education Provider Organisation Details Employer MUST complete	
Organisation Full Legal Name MUST match their DAS account	University of Wolverhampton
Provider Address	Completed on DocuSign – do not fill in
Provider Contact Name	Phil Gravestock
Provider Contact Email	p.gravestock@wlv.ac.uk

Employers – all GREEN sections on this form must be completed please. We cannot accept "tbc" etc instead of dates – the month of planned start is needed.					Salisbury NHSFT Use Only			
Apprenticeship Standard No *	**Apprenticeship Standard Title** Add pathway info if relevant – e.g. route for nursing or additional qualifications / content being requested	**Funding Band Max**	**Estimated Number of Learners**	**Planned Learner Start Date (MM/YY)**	URN Number	Allocated Date	New Contract or existing number	Framework or Higher Level (C) bid response
ST0652	Building Control Surveyor Degree Apprenticeship	24,000	1	10th Sept 25				

Employers : Please send a copy of this form to sft.commercial@nhs.net when your training provider is aware of your requirement. **DO NOT RETURN IN ANY FORMAT OTHER THAN WORD (NO PDFs PLEASE)** Apprenticeship Standard Numbers and Funding Band can be found at **Apprenticeship search / Skills England**

Providers : This Call-off is not valid until you receive an issued number via DocuSign and Employer Contract if one is not already in place. All subsequent enrolments are covered by Framework Terms & Conditions at all times, you **MUST NOT** issue your own Terms & Condition or ask employers to agree to your Terms in any documentation.

SIGNATURE FIELDS ARE COMPLETED VIA DOCUSIGN WHEN ISSUED – PLEASE DO NOT COMPLETE MANUALLY

Employer Signature	Date	Provider Signature	Date
Signed by: Alison Golding C7AADC7E7E9C406...	9/10/2025	Signed by: Phil Gravestock F09481D7EEE34AB...	9/10/2025