



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

Employer Organisation Details Employer MUST complete	
Organisation Full Legal Name	NHS South, Central and West (SCW) CSU
Employer Address Note – Must match HMRC PAYE address for organisation	Omega House Eastleigh SO50 5PB
Employer Contact Name	[REDACTED]
Employer Contact Email	[REDACTED]@nhs.net
Contract Signatory Name	[REDACTED]
Contract Signatory Email	[REDACTED]@nhs.net

Education Provider Organisation Details Employer MUST complete	
Organisation Full Legal Name MUST match their DAS account	Arden University Limited T/A Arden University
Provider Address	Arden House Middlemarch Park Coventry CV3 4FJ
Provider Contact Name	[REDACTED]
Provider Contact Email	lega1@arden.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
STO480	Senior Leader with eMBA	£14,000	1	07/25	10353-11027	13/05/2025	10353-5254/ 15.05.25 00	C1546.362

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 [IfATE Apprenticeship Search](#)

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	[REDACTED]	Date	16 May 2025	Provider Signature	[REDACTED]	Date	15 May 2025
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