



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

Employer Organisation Details <b>Employer MUST complete</b>	
Organisation Full Legal Name	NHS South, Central and West (SCW) CSU
Employer Address <b>Note – Must match HMRC PAYE address for organisation</b>	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 <b>Employer MUST complete</b>	
Organisation Full Legal Name <b>MUST match their DAS account</b>	Arden University Limited T/A Arden University
Provider Address	Arden House Middlemarch Park Coventry CV3 4FJ
Provider Contact Name	[REDACTED]
Provider Contact Email	legal@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	£14,000	1	05/2025	10353-10832	30/04/2025	10353-5254/ 08.05.25 00	C1546.362

**Employers :** Please send a copy of this form to [sft.commercial@nhs.net](mailto: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	20 May 2025	Provider Signature	[REDACTED]	Date	08 May 2025
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