|  |
| --- |
| Levy Transfer Expression of Interest Form |

|  |
| --- |
| Employers who do not pay the apprenticeship levy can reserve funding via the Digital Apprenticeship Service (DAS) account, this will cover 95% of the funding needed with the remaining 5% being paid by the directly from the employer to the training provider.Employers can also apply for a levy transfer which will cover 100% of the training fees for your Apprentice. We can’t guarantee that a levy transfer will be found so we advise that funding reservations are made as a first priority.Please indicate on the form below if you wish to receive a levy transfer.**You must complete a funding reservation first and provide proof of this, in the form of a screen shot, when you submit this levy transfer EOI form.** |

|  |
| --- |
| Your Details |
| **Employer Name:** |  |
| **Contact Name:** |  |
| **Contact Job Title:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:**  |  |

|  |
| --- |
| Funds Recipients |
| **Transfer Amount Requested:** | £ |
| **Apprenticeship Service account setup?** | Yes: [ ] No: [ ]  | **DAS Account ID Number:** |  |
| **Apprenticeship Standard(s) desired:****(Please see** [**here**](https://www.instituteforapprenticeships.org/apprenticeship-standards/) **for more details on apprenticeship standards)** |  |
| **Number of Apprentice(s):** |  |
| **Name(s) of Apprentice(s):** |  |
| **Planned Start Date(s):** |  |
| **Planned End Date(s):** |  |
| **Training Provider(s):** |  |
| **Training Provider/University place confirmed?** | Yes: [ ] No: [ ]  | **Apprenticeship Start Date:** |  |
| **Has a funding reservation been made prior to submission of this form?** | Yes: [ ] No: [ ]  | **Reservation Screenshot included with this email?** | Yes: [ ] No: [ ]  |
| **Comments:** |

**Please return form to** **LevyTransfer.north@hee.nhs.uk** **and** **pam.case@nhs.net**