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| Levy Transfer Expression of Interest Form |

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| 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.** |

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

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| 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**](mailto:LevyTransfer.north@hee.nhs.uk) **and** [**pam.case@nhs.net**](mailto:pam.case@nhs.net)