**Surrey Heartlands Partnership Funded Apprenticeship**

**Levy Transfer Application Form: Stage One**

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| **Details of Organisation requesting levy transfer** |
| Organisation name |  |
| Address |  |
| Website |  |
| Name, Job title / position of person making this request |  |
| Telephone number: | Email address: |
| **Does your organisation pay the apprenticeship levy? Yes / No**If yes, please state the reason for your request for transfer of levy funds. i.e. why you are not funding yourselves |
| Total value of funds requested | £ |
| Full title & level of apprenticeship/syou wish to fund | Title:Level: |
| Cost of proposed apprenticeshipper person. | £I confirm this cost has been negotiated and agreed with the relevant training provider. Yes / No |
| Proposed programme length: |  |
| Proposed start & end dates:*If apprentice works part time please ensure the duration has been adjusted accordingly & agreed by the training provider* | Apprenticeship start date:Apprenticeship end date: |
| Please detail the potential benefit of this apprentice/apprenticeship to the Surrey Heartlands system: | ***e.g. please add/amend for your own request.****Improving relationships between the partnering organisations, including the creation of opportunities for placements for apprentices and other students, and creating stronger working relationships.**-Improving patient care by providing more highly trained staff in the primary care sector, which will in turn result in fewer people needing to use acute and specialist community services as their treatment can be completed in the primary care setting by appropriately trained staff.* *-Providing opportunities for shared learning between apprentices across settings, including primary care.**-Improving patients’ access to primary care services, supporting the GP workforce.**-Improving the skill mix and reducing the costs to the primary care sector for purchasing apprenticeships and encouraging the widening of participation in apprenticeships.* *-Providing an opportunity to ICS organisations to transfer unused levy that may otherwise be lost if left unused.* |

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| **Apprentice Manager Signature** | **Date** |

**Please return this completed application via email to**: syheartlandsicb.shworkforce@nhs.net

**Levy Transfer Application Form: Stage Two**

**Surrey Heartlands Partnership Funded Apprenticeship**

***To be completed once Stage One has been agreed. Please send Stage Two to the organisation who has agreed to transfer funds.***

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| **Name of proposed Apprentice/s if currently known.**Transfers can only be made against a named apprentice. If your application is successful an ‘approval in principle’ will be made until the apprentice is named and the training provider has confirmed eligibility to proceed. |
| **First name**  | **Surname** |
| 1. |  |
| 2. |  |
| 3. |  |
| I confirm that each candidate listed above has a substantive contract of employment for duration of the apprenticeship: Yes / No |

|  |  |
| --- | --- |
| Name of Training Provider | I confirm that a contract to deliver this apprenticeship has been agreed with this training provider: Yes / No |

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| Confirm that each candidate listed above meets Training Provider & ESFA eligibility criteria to study the listed apprenticeship. Yes / No |
| Describe the mechanisms in place to support the apprentice/s throughout the duration of their apprenticeship including:* Commitment to 20% off the job training & plan to achieve this
* Access to appropriate learning experiences/opportunities
* Pastoral support

Response: |
| * **I understand** that if this application for levy transfer is successful it will be my duty to notify the Trust within 10 working days, if the apprentice is:
* On a break in learning agreed by the training provider
* On long term sick leave affected study / attendance at programme
* Intends to leave your organisation / has tendered their resignation
* Is failing to commit to the apprenticeship study programme and is in danger of not completing.
* **I understand** that it shall be my duty to manage the contract with the Training Provider, including appointing an EPA organisation working with the training provider.
* **I understand** that I am responsible for appointing an End Point Assessment Organisation and managing all EPA arrangements with them and the Training Provider.
* **I understand** that The Trust cannot fund again the same apprenticeship if these are allowed to expire in the receiving employers account.
* **I understand** that transferred funds should be used immediately i.e.in the same month and that transferred funds will retain their original date of expiry.
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| Name & position /role of person authorising this application: |  |
| Signature of above named person: | Date: |