

Apprenticeship Skills Development Fund – Application Form

Section 1 - Details of the employer receiving funds	
Company Name of Receiving Employer:	
Name of Contact at Receiving Employer:	
Contact email:	
Contact telephone number:	
Company Address:	
Company Post code:	
Sector you work in:	
Number of employees:	
Do you pay into the Apprenticeship Levy?	

Section 2 - Funding information	
I understand that transferred funds can only be used to pay for the training and assessment cost of apprenticeship standards.	Y / N
We have set up an account with the apprenticeship service, and have a signed agreement with the Education and Skills Funding Agency (ESFA)	Y / N
I understand that transfers are managed through the apprenticeship service, and payments are transferred each month from the sending employer account into the receiving employer account which is then accessed via approved training providers to fund Apprenticeship delivery	Y / N
Have you previously received an Apprenticeship Transfer of funding?	Y / N
Are you currently transferring levy funds to another employer?	Y / N

Section 3 - Details of the Apprenticeship				
Do you have a preferred training provider? If answered Yes to the above, please name your preferred training provider	Y / N			
Is this funding for an existing employee who requires significant new skills?	Y / N			
Name of Apprentice				
Apprentice start and end date	Start Date		Predicted End Date	
Apprenticeship Standard	Level	Title	Duration	Cost

Section 4 – Criteria to be met

The receiving employer is a charity trading in Norfolk, Suffolk or Essex	Y / N
The apprentice will be paid the national living wage, as a minimum	Y / N
The apprentice will be employed on a permanent contract of employment with a minimum of 30 hours	Y / N
The receiving employer is willing to take part in publicity as required	Y / N
The receiving employer will provide training, mentoring, support, and progression opportunities to the apprentice	Y / N

Section 5

So that we can understand your need for the funds, please provide a short explanation (no more than 200 words) of why your organisation is requesting levy transfer funding and the benefits this will bring to your organisation.

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Declaration:

In receiving a transfer, you agree to comply with the ESFA Funding Rules for Apprenticeship Levy Transfers. Please ensure you read the information for receiving employers.

Information for employers can be found using the following link:

<https://www.gov.uk/guidance/apprenticeship-funding-rules-for-employers/apprenticeships-funded-by-transfer-of-levy-funds>

Are you a member of government's Disability Confident scheme? https://disabilityconfident.campaign.gov.uk/	Yes	No
Have you signed up to the Armed Forces Covenant? https://www.gov.uk/government/publications/corporate-covenant-guidance	Yes	No

Name:	
Date:	
I agree to comply with the ESFA Funding Rules	Yes No

Office use only: To be completed by East of England Co-op

Name of Transferring organisation:	East of England Coop	
Contact Name:	Effie Burrell	
Contact email:	eburrell@eastofengland.coop	
Transferring organisation agreed to transfer	Date:	

Please return this form to: learn@eastofengland.coop