**APPRENTICESHIP LEVY TRANSFER**

**EXPRESSION OF INTEREST FORM**

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| **Receiving a Transfer** |

The Nottinghamshire Health and Social Care large levy payers are committed to supporting organisations in primary and community care to provide training for their staff. To support this aim Levy Transfer funds can be used to pay for Apprenticeship training **for both clinical and non-clinical roles**. The Nottinghamshire process dovetails with a national initiative at NHS England (NHSE), and where Nottinghamshire cannot facilitate a Transfer details will be forwarded to NHSE to support the Transfer.

**Employers who wish to receive a transfer must already have a National Apprenticeship Service Account set up.** If not and support is needed then the NATH Apprenticeships Team can provide support to do this – email [alliance.hub1@nhs.net](mailto:alliance.hub1@nhs.net).

They must also:

* Have identified named Apprentice/s
* Know the specific Apprenticeship standard/programme
* Have a start date and confirmed place with a Training provider/HEI

**To apply for Levy Transfer please provide us with the following information:**

|  |  |
| --- | --- |
| Organisation PAYE Name as on the Apprentice Service Account (may  be different to trading name)  *You must have an Apprenticeship Service Account already set up to receive the transfer* |  |
| Apprentice Service Account ID  *This is usually a sequence of 5 letters and numbers* |  |
| Organisation postal address |  |
| Contact Name |  |
| Your Position Held in the Organisation |  |
| Contact Email |  |
| Contact Telephone Number |  |
| Primary Care Network (PCN) Name |  |
| NHSE Region |  |

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| **Apprenticeship Details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Training Provider** | **Name of standard** | **Number of Apprentices** | **Course start date** | **Cost per Apprentice** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Grand total £** | | | |

Add more rows to this table if required

**Please answer the following: Please provide an overview of how the allocation of the funding will enhance your provision of care?** (min 200 words)

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I consent to my details being stored and shared by the Nottinghamshire Apprentice Leads and if needed the NHSE Talent for Care Team, for the purposes of facilitating a levy transfer. Your details will not be used for any other purpose.

**I understand that completing and submitting this form does not guarantee that Levy Transfer funds will be allocated.**

If/when funding is found and transferred, liability for the funding then sits with my organisation.

|  |  |
| --- | --- |
| Signed: | |
| Name: | Date: |

Please return the completed expression of interest form to [**alliance.hub1@nhs.net**](mailto:alliance.hub1@nhs.net)

**NB:** It typically takes 30 days to process expression of interest applications.

If you are already a Levy payer we would expect you, and will wish to receive assurances, that you have exhausted your own Levy funds prior to seeking a transfer.

Please remember if you receive a transfer you cannot subsequently transfer from your account.