**\*\* PLEASE ENSURE THIS FORM REMAINS IN WORD FORMAT\*\***

**Cambridgeshire and Peterborough Training Hub**

**Levy Transfer Application Form**

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| --- |
| **Levy receiving organisation details** |
| Organisation name: |  | Number of required places: |  |
| Address: |  | Start date: |  |
| Organisational Apprentice Lead / organisational contact: |  | Has the manager agreed to support 20% off the job training: |  |
| Telephone no: |  | Does the receiving organisation already have a levy account: | Yes / No |
| Email: |  | If yes, what is the DAS account ID number: | Yes / No |
| Proposed training provider if known: |  |
| Proposed apprenticeship:  |  |
| Requested total funding amount: |  |
| Proposed programme length: |  |
| Please detail the potential benefit of this apprentice/apprenticeship to the receiving organisation. |  |

**Name and role of person requesting:**

**Signature:**

**Date:**

**Outcome of application**

To be completed by CPTH staff.

|  |  |  |  |
| --- | --- | --- | --- |
| Date application discussed with System Collaborative: |  | Has a transfer been agreed: | Yes / No |
| If transfer not approved please state reason(s) why: |  |
| Name of levy transfer organisation: |  | Number of apprentices to be funded: |  |
| Contact name & details for levy transfer organisation: |  | Amount of funding agreed: | £ |

**CPTH lead Signature:**

**Date receiving organisation informed of decision:**