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

**BSW ICS Partnership Funded Apprenticeships**

**Levy Transfer Application Form**

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| --- | --- | --- | --- | --- |
| **Levy receiving organisation details** | | | | |
| Date of Application\*: |  | | ***\*Please note: The Learners apprenticeship start date should be within 3 months of this application, to enable the network to prioritise requests appropriately, thank you.*** | |
| Organisation name: |  | | Number of required places: |  |
| Specific name on DAS account *(if different from organisation/Surgery name above)* |  | | **Start date\*:**  *(Please ensure a date is stated in this box, as per note above)* |  |
| Organisational contact / Manager / Apprentice Lead Name (s): |  | | Has the manager agreed to support the minimum requirement of 6 hours (previously 20%) **off the job training:** | Yes / No |
| Email contact at organisation: |  | | Does the receiving organisation already have a levy account: | Yes / No |
| Telephone no: |  | | If no, is the receiving organisation happy to set up an account: | Yes / No |
| Address of workplace/organisation: |  | | Would you be happy to offer placements to ‘other students’, in the future: and therefore be added to the BSW placement register for TNAs  *(If applying for an RNDA or TNA Apprenticeship)* | Yes / No  or N/A |
| Proposed training provider: | |  | | |
| Proposed apprenticeship:  [IFATE webpage](https://www.instituteforapprenticeships.org/apprenticeship-standards/?) | |  | | |
| Requested total funding amount:  [IFATE webpage](https://www.instituteforapprenticeships.org/apprenticeship-standards/?) | |  | | |
| Proposed programme length:  [IFATE webpage](https://www.instituteforapprenticeships.org/apprenticeship-standards/?) | |  | | |
| Please detail the **potential benefit** of this apprentice/apprenticeship to the B&NES, Swindon and Wiltshire Partnership  **and**  to yourself, as the receiving organisation, thank you: | |  | | |

**Manager / Apprentice Lead from requesting organisation Signature:**

**Date:**

**Outcome of application**

To be completed by BSW Apprenticeship Lead or Nominated Person / other designated organisation, such as the transfer organisation.

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| --- | --- | --- | --- |
| Date application discussed: |  | 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: | £ |
| Has an MoU been signed by transferring organisation: | Yes / No | Date receiving organisation informed of available funding: |  |
| Has the receiving organisation appealed against the decision? | Yes / No | Date appeal referred to the Education Leads Group |  |
| *Primary Care to be reminded that when completing URN forms, to ensure that they state the PAYE reference, on the contract with the Training Provider, not the name of the GP Surgery or PCN, thank you.* | | | |

**BSW Apprenticeship Lead / Nominated Person Signature:**

**Date receiving organisation informed of decision:**