**APPRENTICESHIP LEVY – CLAIM FORM**

As you have already recruited the apprentice we must assume that you have engaged with a training provider and have negotiated the apprenticeship training contract.   We will need to check that this provider is on the approved register of training providers in order to utilise the levy for this training.

Please can you:

1. Send a copy of the contract you now hold with the training provider
2. Complete and return the table below (which is information that we need to go onto the Digital Account)

|  |  |
| --- | --- |
| Name of training provider |  |
| Total amount for apprenticeship agreed with provider (anything over the total you are eligible to claim will need to be paid by the school) |  |
| Name of School |  |
| Name of School Contact |  |
| School Contact email and telephone |  |
| Name of the apprentice |  |
| Post title for apprentice and name of manager responsible for the apprentice |  |
| Date of birth of apprentice |  |
| Apprentice’s email address |  |
| Age Category at Start of Apprenticeship  16-18 / 19-24 / 25+ |  |
| NI number of apprentice |  |
| Salary of Apprentice & reason this salary has been applied |  |
| Name of apprenticeship (e.g. level 2 business and administration) |  |
| Provider number (a unique number that your training provider can give you which allows us to check that they are on the approved register) |  |
| Start date of apprenticeship |  |
| Planned end date (usually the end of the apprenticeship training – this can change subject to the pace at which the apprentice is working) |  |
| Was the learner previously not in education, employment or training (NEET) prior to starting? YES / NO |  |
| **Signed: Headteacher & date** |  |

September 2021