

Levy transfer expression of interest

This form below will ask you to fill details about apprenticeship applications, including funding amount, program length, and organisation name.

Name:	
Signature:	
Date:	
Name of the organisation applying for apprenticeship levy transfer funding:	
Sector of organisation applying for apprenticeship levy transfer funding:	
Address of organisation:	
Name of key contact:	
Email address of key contact:	
Contact number of key contact:	
Details of the apprenticeship standard(s) to be completed:	
Total amount of funding being requested:	
Length of apprenticeship programme(s):	
Number of apprentices:	
Please give a brief explanation of why are you requesting apprenticeship levy funding transfer from WVT:	
What, if any, are the benefits that supporting this apprenticeship will bring to, (please consider health, wellbeing and environmental benefits): A. Your organisation: B. Wye Valley NHS Trust: C. The local community: C. Any additional benefits:	
When would you like to receive the funding from?	

WVT ADMIN ONLY

Our criteria that we expect to be met in order for levy transfers to be approved:

- It is a legitimate organisation applying
- The request does not exceed the levy transfer funding pledged
- The organisation benefits the population of Herefordshire
- The apprenticeship standard positively contributes to the health and wellbeing of the population of Herefordshire

Does the expression of interest form submitted meet the above criteria?	
Approve the levy transfer proposal? YES/ NO	Yes No
If declined why?	
Name:	
Signature:	
Date of decision:	