

Expression of Interest Form - Levy Transfer Request

Please complete all sections of the form where applicable and **DO NOT** provide any personal information in relation individuals linked to the apprenticeship in this application form.

Employer/Organisation Details							
Organisation Name:							
Address:							
Postcode:							
Website:							
Please provide a brief description of what your organisation does and who your target beneficiaries are:							
Contact Name:							
Position:							
Telephone:							
Email:							
What is the current legal status of the organisation?		<i>Please select from the below choices;</i>					
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Public Sector Organisation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Charitable Organisation	<input type="checkbox"/> Voluntary/ 3 rd Sector	<input type="checkbox"/> Other
Company Registration Number:							
Charities, Housing Association or any other registration number (if applicable). Please specify registering body:							
Date of Registration:							
Registered address including full post code if different from one above:							
Do you receive state aid? If you receive state aid please read the below; https://www.gov.uk/guidance/state-aid		<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Do you already work in partnership with the Council?		<input type="checkbox"/> No		<input type="checkbox"/> Yes			
Name of NYCC contact:							



Request Details	
Reason for Levy request:	
Number of apprentices required:	
Apprenticeship Standard and Level: https://www.instituteforapprenticeships.org/apprenticeship-standards/	
Cost of the Training:	
Proposed start date:	

Which NYCC priority area does your apprenticeship request support? <i>Please select from the below choices;</i>				
<input type="checkbox"/> Stronger Communities	<input type="checkbox"/> Voluntary Sector	<input type="checkbox"/> Care Sector	<input type="checkbox"/> Non-levy paying school	<input type="checkbox"/> NYCC Service Provider
<input type="checkbox"/> Local initiatives	<input type="checkbox"/> Registered apprenticeship training agency	<input type="checkbox"/> Other NY Employer	<input type="checkbox"/>	<input type="checkbox"/>

Supporting statement: No more than 500 words

You should consider the following:

- How will this investment contribute to your organisational aims?
- How will this contribute to [NYCC Council Plan](#)?
- How will this contribute to NYCC vision and values?





Please explain how you have you ensured that your organisation has the capacity to support the staff member to meet the requirement of the 20% off the job element?

Empty response box for providing details on capacity to support staff.

Please return completed forms to:
Email: apprenticeships@northyorks.gov.uk.

