Please return to the relevant staff member for your region:

London – Jennifer.stone@hee.nhs.uk

South East – Elaine.Lancaster@hee.nhs.uk

South West – James.Orpin-Wright@hee.nhs.uk

Midlands – Liz.Sahu@hee.nhs.uk

East of England – Rob.Brooks@hee.nhs.uk

North West - levytransfer.nw@hee.nhs.uk

North East & Yorkshire - LevyTransfer.north@hee.nhs.uk

**Apprenticeship Levy Transfer Expression of Interest (EOI) form**

**Receiving a Transfer**

Health Education England’s Talent for Care team offers a free match-making service to broker apprenticeship levy transfer opportunities. Up to 25% of unspent levy funds can be transferred to other levy paying, or non-levy paying organisations. Transfers of levy funds can also be made to multiple organisations.

Levy transfers offer several opportunities:

* To productively utilise unspent funds
* To support wider regional workforce skills and development needs
* To engage with employers in your existing supply chain

Further general information about levy transfer opportunity and details of how to transfer funds are available here:

<https://www.gov.uk/guidance/transferring-apprenticeship-service-funds>

**Employers who wish to receive a transfer must already have a National Apprenticeship Service Account set up.** They must also:

* Have identified named apprentice/s
* Know the specific apprenticeship standard/programme
* Have a start date and confirmed place with a Training provider/HEI

**Your regional HEE Talent for Care Relationship Manager for Apprenticeships can assist with all of the above:** <https://haso.skillsforhealth.org.uk/news/health-education-england-relationship-managers-meet-the-team/>

**Please provide us with the following information**

|  |  |
| --- | --- |
| Organisation PAYE Name as on the Apprentice Service Account*You must have an Apprenticeship Service Account already set up to receive the transfer* |  |
| Apprentice Service Account ID |  |
| Organisation postal address |  |
|  |  |
| Contact Name |  |
| Contact Email |  |
| Contact Telephone Number |  |
| HEE Region  |  |

**Apprenticeship details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of standard** | **Number of apprentices** | **Start date** | **Cost per apprentice** | **Total cost** |
|  |  |  | £ |  £ |
|  |  |  | £ |  £ |
| **Grand total** |  £ |

Add more rows to this table if required

**Please add any additional information to support your EOI (max 200 words)**

I consent to my details being stored and shared by the HEE Talent for Care Team for the purposes of facilitating a levy transfer. I understand that completing and submitting this form does not provide a guarantee that a match will be found.

If/when funding is found and transferred, liability for the funding then sits with my organisation.

Signed

Name Date