

Entry Level Apprenticeship Funding Application Form

For information, each month the CCG pay into a Levy Fund based on our PAYE bill. The Levy Fund can then be used to cover the costs paid to a training provider for an apprenticeship (to note, levy funding does not cover the apprentice salary, therefore, this will need to be funded out of a departmental payroll budget).

If you want to apply for apprenticeship funding please provide the information requested on this form to enable the **Senior Leadership Team** to consider your entry level apprenticeship funding request.

To note: all apprentices must allocate **20%** of their contracted worktime to the apprenticeship.

Please ensure that all sections of this form are filled out in full as partially completed forms will mean that your application cannot be processed.

1. Manager's Details <i>(i.e. the manager requesting the funding)</i>	
Manager's Name:	
Job Title:	
Directorate:	
Email Address:	Extension Number:
2. Apprenticeship and Salary Details	
Title of Apprenticeship e.g. Assistant Accountant:	
Level of Apprenticeship e.g. level 3:	
Training Provider/Educational Institution:	
Start Date:	End Date:
Duration of Apprenticeship e.g. 18 months:	Cost of Apprenticeship:
Has the funding for the apprentice's salary been approved? Yes / No	
NB. Funding to cover training provider costs will be agreed for the full Apprenticeship	
3. Signature	
Manager's signature: <i>(i.e. the manager requesting the funding)</i>	Date:

Next steps ...

Please email your completed **ELA Funding Application Form** to Julie.fellows2@nhs.net

If you have any queries regarding this process, please contact Julie Fellows, OD Lead on Ext: 39571.

Your ELA funding request will be reviewed by the **CCG's Senior Leadership Team** at the next SLT meeting. You will be notified in advance if it is not possible to include this as an agenda item at the next scheduled meeting.

The SLT's decision will then be made available to you, via the OD Lead, who will inform you of their decision in writing within **10 working days**.

4. To be completed by the Senior Leadership Team

Date of SLT meeting:

Funding approved? Yes / No (delete as appropriate)

Rationale of decision for approval / non-approval:

Date manager informed of decision:

All decisions will be made in-line with the LED Policy (2020)