**Levy Transfer Expression of Interest**

Health Education England offers a free match-making service to broker Levy transfer opportunities.

The transfer opportunity provides a way to productively utilise unspent Levy funds to support wider regional workforce skills and development needs or to engage with employers in your existing supply chain. 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.

Further general information about the Levy transfer opportunity and details of how to transfer Levy funds are available here: [www.gov.uk/guidance/transferring-apprenticeship-service-funds](file:///C:\Users\LHunte\Documents\www.gov.uk\guidance\transferring-apprenticeship-service-funds)

Employers who wish to receive a transfer must have identified a named apprentice/s, a specific apprenticeship programme, start date, training provider/HEI and already have a National Apprenticeship Service Account set up.

Your regional HEE Talent for Care Relationship Manager for Apprenticeships can assist with this process.

|  |  |
| --- | --- |
| **Employer Name :** |  |
| **Contact Name:** |  |
| **Email:** |  |
| **Telephone Number:** |  |
| **Do you wish to transfer or receive Levy Funds?** | **Receive Levy Funds** |

|  |  |
| --- | --- |
| **Transferors** |  |
| **How much do you wish to transfer?** |  |
| **Do you have a preference as to who receive these funds? E.g. Local Primary Care, STP, CEPN’s etc.** |  |
| **Any other comments?** |  |

|  |  |
| --- | --- |
| **Receivers** |  |
| **Apprentice Service Account ID:**  **(You must have an Apprenticeship Service Account already set up to receive the transfer)** |  |
| **Amount Required?**  **(per apprenticeship standard)** |  |
| **Apprentice Name/s:** |  |
| **Apprenticeship Standard/s:** |  |
| **Preferred Start Date/s:** |  |
| **Preferred Training Provider/s:** | **HIT Training / Connect 2 Care** |

**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 by completing and submitting this form that this does not provide a guarantee that a match will be found.**

**Signed**

**Name Date**

**Please return to** [**talentforcare@hee.nhs.uk**](mailto:talentforcare@hee.nhs.uk)