**Apprenticeship Support Grant**

**APPLICATION FORM & EMPLOYER COMMITMENT**

This document records the agreement between you, the employer receiving the Apprenticeship Support Grant and Tees Valley Combined Authority (TVCA).

Apprenticeship Support Grant will only be payable if:

* the Application Form for a grant has been submitted for a specified apprentice(s) and the apprentice’s Unique Learner Record (ULR) Number has been recorded. This should be obtained from your Training Provider.
* data from the Education and Skills Funding Agency (ESFA) National Database is maintained by your training provider and they confirm that all eligibility criteria have been met.
* the Apprentice(s) has completed 13 weeks in learning, as recorded on the Individual Learner Record.
* you provide confirmation that the Apprentice(s) has been and remains in your employment 13 weeks after they commence their training (declaration form to be sent to TVCA after 13 weeks).

Before completing this Application Form, please read the Apprenticeship Support Grant Guidance Notes detailing eligibility criteria for the grant and the terms & conditions attached for successful and timely payment.

**To apply for an Apprenticeship Support Grant, please fully complete the Application Form and Sub-Threshold Subsidy Aid Declaration and email to:**

**Project.Team@Teesvalley-ca.gov.uk**

* Apprenticeship Support Grant Application Form.
* Sub-Threshold Subsidy Aid Declaration *–* the hand signed original copy **must be posted** to Tees Valley Combined Authority Business and Skills Team at: Teesside Airport Business Suite, Teesside International Airport, Darlington, DL2 1NJ.

**Apprenticeship Support Grant**

Available for small to medium businesses (249 or less employees, across all work sites) from priority sectors**\*\*** who employ an Apprentice aged 16-18 or 19+ working towards a recognised qualification from the Apprenticeship Standards or Frameworks (up to a maximum of three Apprentices per year).

* Apprentices Aged 16-18 - £3,000
* Apprentices Aged 19+ - £2,000

The Grant will be paid at Week 13 (following on from completion of the 13 Week Review and associated paperwork).

**For any employers who do not fall into one of the above Priority Sectors\*\*, the following Grant is available:**

Available for small to medium businesses (49 or less employees, across all work sites), who employ, an apprentice aged 19+ working towards a recognised qualification from the Apprenticeship Standards or Frameworks (up to a maximum of 3 Apprentices per year).

* Apprentices Aged 19+ - £500

The Grant will be paid at Week 13 (following on from completion of the 13 Week Review and associated paperwork).

**Please Note**

* You can only be eligible for a maximum of three grants in a 12-month period, including Grants from the previous Apprenticeship grant schemes.
* **\*\***Tees Valley Combined Authority will determine if your company falls within one of our identified priority sectors.
* You must apply for the grant within 4 weeks of the training start date to qualify, if your application supports progression then you must apply within 4 weeks of the new training start date, any applications received out of this timeframe will not be considered.

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| **Employer Details:** |
| Business Name: |  |
| Contact Name: |  |
| Registered Business Address including Post Code: |  |
| Workplace Address for Apprentice(s) including Post Code: (If different from above) |  |
| Tel No: |  |
| E-Mail Address: |  |
| Total Number of Employees: |  |
| Company Sector including SIC Code: |  |
| How long has your Company been trading? |  |
| Employer Liability Insurance Policy No: |  |
| **Is the Employer a Limited Company?** | **YES** |  | ***enter Companies House No:***  |
| **NO** |  | ***Please provide a rent or utility invoice***  |
| Employer Registration Number (ERN to be obtained from the Training Provider): |  |
| Bank Sort Code: |  |
| Bank Account Number: |  |

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| **Apprentice 1 Details:** |
| Name: |  |
| Date of Birth: |  |
| Apprentices’ Home Post Code: |  |
| Gender: |  |
| Ethnicity: |  |
| Unique Learner Number (ULN to be obtained from the Training Provider): |  |
| Apprentice Job Role: |  |
| ESFA Standard/Framework Title: |  |
| ESFA Standard/Framework Ref No: |  |
| ESFA Standard/Framework Level: |  |
| Name of Training Provider, contact and email address: |  |
| Training Start Date (applications must be submitted no later than 4 weeks after this date): |  |
| Hourly pay rate: |  |
| Number of paid hours per week: |  |
| Do the above paid hours include time for study/training? | **YES** |  | **NO** |  |
| Is the above-named Apprentice:  |
| * a new employee? *(Hired within 12 months of learning start date)*
 | **YES** |  | **NO** |  |
| * an existing employee (*starting a new apprenticeship)*
 | **YES** |  | **NO** |  |
| * an existing employee (*progressing to a higher level of apprenticeship)*
 | **YES** |  | **NO** |  |
| * have an Education, Health & Care Plan
 | **YES** |  | **NO** |  |

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| **Apprentice 2 Details:** |
| Name: |  |
| Date of Birth: |  |
| Apprentices’ Home Post Code: |  |
| Gender: |  |
| Ethnicity: |  |
| Unique Learner Number (ULN to be obtained from the Training Provider): |  |
| Apprentice Job Role: |  |
| ESFA Standard/Framework Title: |  |
| ESFA Standard/Framework Ref No: |  |
| ESFA Standard/Framework Level: |  |
| Name of Training Provider, contact and email address: |  |
| Training Start Date: |  |
| Hourly pay rate: |  |
| Number of paid hours per week: |  |
| Do the above paid hours include time for study/training? | **YES** |  | **NO** |  |
| Is the above-named Apprentice:  |
| * a new employee? *(Hired within 12 months of learning start date)*
 | **YES** |  | **NO** |  |
| * an existing employee (*starting a new apprenticeship)*
 | **YES** |  | **NO** |  |
| * an existing employee (*progressing to a higher level of apprenticeship)*
 | **YES** |  | **NO** |  |
| * have an Education, Health & Care Plan
 | **YES** |  | **NO** |  |

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| **Apprentice 3 Details:** |
| Name: |  |
| Date of Birth: |  |
| Apprentices’ Home Post Code: |  |
| Gender: |  |
| Ethnicity: |  |
| Unique Learner Number (ULN to be obtained from the Training Provider): |  |
| Apprentice Job Role: |  |
| ESFA Standard/Framework Title: |  |
| ESFA Standard/Framework Ref No: |  |
| ESFA Standard/Framework Level: |  |
| Name of Training Provider, contact and email address: |  |
| Training Start Date: |  |
| Hourly pay rate: |  |
| Number of paid hours per week: |  |
| Do the above paid hours include time for study/training? | **YES** |  | **NO** |  |
| Is the above-named Apprentice:  |
| * a new employee? *(Hired within 12 months of learning start date)*
 | **YES** |  | **NO** |  |
| * an existing employee (*starting a new apprenticeship)*
 | **YES** |  | **NO** |  |
| * an existing employee (*progressing to a higher level of apprenticeship)*
 | **YES** |  | **NO** |  |
| * have an Education, Health & Care Plan
 | **YES** |  | **NO** |  |

**EMPLOYER COMMITMENT**

* I will employ the named Apprentice(s) for at least the time it takes to complete their Apprenticeship Framework or Standard, or a minimum of 12 months, whichever is greater (subject to satisfactory performance of the Apprentice(s) as an employee).
* I would not be able to employ this Apprentice(s) without Apprenticeship Support Grant funding[[1]](#footnote-1).
* The named Apprentice(s) was aged 16+ years old on the course start date.
* The named Apprentice(s) was aged 19+ years old on the course start date.
* I will pay the Apprentice(s) at least the Apprentice National Minimum Wage appropriate for their age, including time off the job for training.
* I will complete and return by post the original signed De Minimis Declaration.
* I have 249 or less employees across all worksites.
* I have 49 or less employees across all worksites (non-Priority Sector).
* The Apprentice(s) workplace is as stated on the application form and located within Tees Valley.
* I will inform Tees Valley Combined Authority if the Apprentice(s) leaves or is dismissed and does not concurrently complete 13 weeks in employment / learning (as recorded by the ESFA using data from the apprentice’s ILR maintained by the training provider) and understand I will not be eligible for the grant.
* Should evidence of ineligibility for the Apprenticeship Support Grant come to light following payment I agree to return the payment to Tees Valley Combined Authority.
* I am aware that no employer can receive more than three grants in a 12-month period.
* I confirm that, after 13 months of the apprentice(s) commencing training, I will complete and return an employer questionnaire provided by Tees Valley Combined Authority.

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| **DATA PROTECTION** |
| I understand that Tees Valley Combined Authority will provide information to partner organisations and that information will be shared securely and only with those people or organisations on a need-to-know basis. This is in accordance with Tees Valley Combined Authority’s registration under the Data Protection Act 2018.I will inform the apprentice(s) their details are shared with Tees Valley Combined Authority for the purpose of the grant.  |

**By signing below you, the employer, are confirming that all of the details completed in this application are accurate and correct to the best of your knowledge, that you have read and agreed with the terms and conditions laid out in the Apprenticeship Support Grant Guidance Notes and that you are an authorised signatory within the business with full power of authority to make this commitment and you will inform the apprentice(s) their details are shared with Tees Valley Combined Authority for the purpose of the grant**.

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| **Print Name:** |  |
| **Signature:**(Handwritten not electronic) |  |
| **Date:** |  |

1. Apprenticeship Support Grant is aimed at supporting employers who would not currently be in a position to recruit an Apprentice(s) without the support of this Grant. If this is not the case the employer should not make a claim. [↑](#footnote-ref-1)