TIER 1 DIRECT GRANTS TO EMPLOYERS 2016/17 GRANT APPLICATION FORM

Claim now for training and achievement from 1 September 2016

Grants Applications must be received within **3 months of the commencement of training**, otherwise grant will be declined. Claims can be made even if all the supporting information is not available at the time of application.

(Please complete in BLOCK CAPITALS)

EMPLOYER DETAILS

Company Name	Registration Number
Address	
Contact Name	
Position	
Telephone	
Email	

EMPLOYER DECLARATION

The employer's declaration must be signed by an authorised signature within an organisation.

I have read and agree to abide by the published eligibility and conditions of grant relating to the Tier 1 Eligibility and Conditions of the Direct Grants to Employers Scheme for 2016/17. I confirm that the information on this claim is correct, that the training attended satisfactorily met the employer's needs, that the number of training days claimed related to employees of this firm and that all the days fall between the dates given. This grant claim is made in the knowledge that it may be subject to retrospective verification and amendment. I understand that CITB NI will invoke its Fraud Policy and Fraud Response Plan to investigate and recover money paid as a result of false claims.

Name _____   Signature _____

Position _____   Date _____

Please return your grant application and available supporting information to:
CITB NI, Grants Team, Nutts Corner Training Centre, 17 Dundrod Road, Crumlin,
BT29 4SR Tel: 028 9082 5466 Email: grants@citbni.org.uk Fax: 028 9082 5693 web: www.citbni.org.uk

CITB NI use only:

Grant ID	Pending Approval	Incomplete	Declined	Verified	

Name	National Insurance Number	Course Provider	Course Title	Training Dates	Duration

CALCULATIONS FOR CITB NI USE ONLY:

ID	Grant Category	Calculation	Grant Amount	Processed	Verified	£1000+

Operator:

Add Value of approved/paid grants to date: **£**

P52 Total Levy: **£**

Levy Paid: YES: ☐ NO: ☐ Method: Cheque ☐ Direct Debit ☐ BACS ☐

Levy Return Submitted: YES: ☐ NO: ☐

Date Submitted: _____

Option Form 1 submitted: _____

Option Form 2 submitted: _____

Duplicate Check:

3 month Compliant: Yes: ☐ NO: ☐