

TIER 1 DIRECT GRANTS TO EMPLOYERS 2019/20 GRANT APPLICATION FORM

Claim now for training and achievement from 1 September 2019

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)

Company Name

EMPLOYER DETAILS

Registration Number

Address					
Contact Nam	ne				
Position					
Telephone					
Email					
The employer's	 -		ECLARATION signature within an organisa	ation.	
Grants to Emp attended satis of this firm and may be subject and Fraud Res claim does no	ployers Scheme for 19/2 sfactorily met the employ d that all the days fall be ct to retrospective verific sponse Plan to investiga	O. I confirm that the inver's needs, that the retween the dates give ation and amendmente and recover mone subsidised support from	nd conditions of grant relation on this claim is number of training days clain. This grant claim is madent. I understand that CITB is paid as a result of false commanother source (except	correct, that the train imed related to employ in the knowledge that will invoke its Frauctiaims. I confirm that the for apprenticeship grant of the confirm that the confirmation is the confirmation that the confirmation is the confirmat	ning oyees at it d Policy this
Name			_ Signature		
Position			_ Date		
those obligation	ons or tasks directly relat	ing to those purposes		cept in pursuance with	1
CITB NI, Grants	=	ning Centre, 17 Dund		citbni.org.uk	
Grant ID	Pending Approval	Incomplete	Declined	Verified	
					$-\!\!\!\!+\!$

Name	National Insurance Number	Course Provider	Course Title	Training Dates	Duration
CALCULATIONS FOR CITB NI USE ONLY:	NI USE ONLY:				
ID Grant Category		Calculation	Grant Amount	Processed V	Verified £1000+
	_				-
Operator:					
Add Value of approved/paid grants to date:	nts to date: £				
P55 Total Levy: £		Levy Paid: YES: ☐ NO: ☐	1st Install YES: ☐ NO: ☐ 2nd Install	tall YES: ☐ NO: ☐	
Date Levy Return Submitted On time: YES:	NO:	Option Form 1 Submitted:Option Taken []	Option Form 2 Submitted:		
Duplicate Check:		3 month Compliant: Yes: ☐ No	NO:		