

GRANTS TO EMPLOYERS 2024/25 APPLICATION FORM

Claim now for training and achievement from 1 September 2024

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.

All supporting grant information relating to short duration off-the-job, in-house training and training providers must be received within three months of training taken place.

(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 CITB NI 2024/25 Grant Scheme Terms and Conditions. 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. I confirm that this claim does not qualify for financial or subsidised support from another source (except for apprenticeship grants).

Name _____ Signature _____

Position _____ Date _____

CITB NI collect and use data for legislative purposes and do not share it with others except in pursuance with those obligations or tasks directly relating to those purposes.

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:

[illegible]

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: £

P60 Total Levy: £

Levy Paid:
YES: ☐
NO: ☐
1st Install
YES: ☐
NO: ☐
2nd Install
YES: ☐
NO: ☐

Date Levy Return Submitted

On time:
YES: ☐
NO: ☐
Option Form 1 Submitted: _____
Option Form 2 Submitted: _____

Duplicate Check:

3 month Compliant:
Yes: ☐
NO: ☐