|  |  |
| --- | --- |
| **Applications for Gifted Levy – please fill out and email it to: ddicb.joinedupcareers@nhs.net** |  |
| **Organisation name** | **Date request submitted** | **Requester/ Lead Contact** | **Lead Contact Role** | **Contact Details**  | **Apprenticeship standard requesting** | **Cost per apprentice in £** | **Number of apprentices predicted** | **Total cost** | **Enrolment dates if known** | **Training Provider / University** | **Employer Reference ID from DAS account** | **Levy for existing staff or a new recruit?** | **Apprentice age**  | **Care leaver?** | **Ethnicity** | **Disabilities/ Learning Difficulties** | **Gender** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Organisation name** | **Date request submitted** | **Requester/ Lead Contact** | **Lead Contact Role** | **Contact Details**  | **Apprenticeship standard requesting** | **Cost per apprentice in £** | **Number of apprentices predicted** | **Total cost** | **Enrolment dates if known** | **Training Provider / University** | **Employer Reference ID from DAS account** | **Levy for existing staff or a new recruit?** | **Apprentice age**  | **Care leaver?** | **Ethnicity** | **Disabilities/ Learning Difficulties** | **Gender** | **Notes** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |