

APPRENTICESHIPSNI / HIGHER LEVEL APPRENTICESHIPS

New Apprenticeship Incentive Scheme

Claim Form

1. Employer Details

Name of Company:

Address:

Postcode:

Company HMRC Registration Number:

2. Name of Training Contractor Contact Person(s)

Name:

Email:

Tel:

3. Apprentice Details

(Please complete for each new Apprentice who has been recruited by you between 1 April 2020 and 31 March 2022)

Apprentice No. 1

Name:

Date of Birth:

NI Number:

Name of Apprenticeship:

Date Apprentice Employed:

Start date of Apprenticeship Programme*:

Duration of Apprenticeship:

months

Apprenticeship Registration No**:

Name of Training Contractor:

Is the Apprentice a participant in DfE's AppsNI or HLA Programmes:

Yes

No

Which programme is the apprentice participating on:

AppsNI

HLA

Which Incentive are you claiming***:

90 days +

200 days +

* Date agreed with Training Provider for apprentice to start or re-join programme – please see Delivery Agreement

**For AppsNI programmes this is the Client ID. For HLA programmes this is the reference used by the Training Contractor

***Each incentive should usually be claimed individually as you become eligible however if 200 days has already been reached both can be claimed together

3. Apprentice Details (continued)

(Please complete for each new Apprentice who has been recruited by you between 1 April 2020 and 31 March 2022)

Apprentice No. 2

Name: _____ Date of Birth: _____

NI Number: _____ Name of Apprenticeship: _____

Date Apprentice Employed: _____ Start date of Apprenticeship Programme*: _____

Duration of Apprenticeship: **months** Apprenticeship Registration No**:

Name of Training Contractor: _____

Is the Apprentice a participant in DfE’s AppsNI or HLA Programmes: **Yes** **No**

Which programme is the apprentice participating on: **AppsNI** **HLA**

Which Incentive are you claiming***: **90 days +** **200 days +**

Apprentice No. 3

Name: _____ Date of Birth: _____

NI Number: _____ Name of Apprenticeship: _____

Date Apprentice Employed: _____ Start date of Apprenticeship Programme*: _____

Duration of Apprenticeship: **months** Apprenticeship Registration No**:

Name of Training Contractor: _____

Is the Apprentice a participant in DfE’s AppsNI or HLA Programmes: **Yes** **No**

Which programme is the apprentice participating on: **AppsNI** **HLA**

Which Incentive are you claiming***: **90 days +** **200 days +**

* Date agreed with Training Provider for apprentice to start or re-join programme – please see Delivery Agreement
 **For AppsNI programmes this is the Client ID. For HLA programmes this is the reference used by the Training Contractor
 ***Each incentive should usually be claimed individually as you become eligible however if 200 days has already been reached both can be claimed together

3. Apprentice Details (continued)

(Please complete for each new Apprentice who has been recruited by you between 1 April 2020 and 31 March 2022)

Apprentice No. 4

Name:	Date of Birth:	
NI Number:	Name of Apprenticeship:	
Date Apprentice Employed:	Start date of Apprenticeship Programme*:	
Duration of Apprenticeship:	months	Apprenticeship Registration No**:
Name of Training Contractor:		
Is the Apprentice a participant in DfE's AppsNI or HLA Programmes:	Yes	No
Which programme is the apprentice participating on:	AppsNI	HLA
Which Incentive are you claiming***:	90 days +	200 days +

Apprentice No. 5

Name:	Date of Birth:	
NI Number:	Name of Apprenticeship:	
Date Apprentice Employed:	Start date of Apprenticeship Programme*:	
Duration of Apprenticeship:	months	Apprenticeship Registration No**:
Name of Training Contractor:		
Is the Apprentice a participant in DfE's AppsNI or HLA Programmes:	Yes	No
Which programme is the apprentice participating on:	AppsNI	HLA
Which Incentive are you claiming***:	90 days +	200 days +

* Date agreed with Training Provider for apprentice to start or re-join programme – please see Delivery Agreement

**For AppsNI programmes this is the Client ID. For HLA programmes this is the reference used by the Training Contractor

***Each incentive should usually be claimed individually as you become eligible however if 200 days has already been reached both can be claimed together

4. Please answer ‘Yes’ or ‘No’ to the following for each Apprentice shown in Question 3.

Apprentice No. 1

a) Please provide full details of any periods when the apprentice was furloughed or flexi-furloughed as part of the UK Government’s Coronavirus Job Retention Scheme, or did not complete at least 21 contracted hours per week.

b) Has the Apprentice been continuously employed by you, and participating on their AppsNI or HLA funded Apprenticeship, throughout the claim period?	Yes	No
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c) Have you made the Apprentice above redundant previously? If ‘Yes’ please provide date of redundancy and if re-employed date they re-joined their apprenticeship programme.	Yes	No
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Date of redundancy

Date of re-employment

d) Has another Employer made the Apprentice above redundant? If ‘Yes’, please provide date of redundancy.	Yes	No
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Date of redundancy

Apprentice No. 2

a) Please provide full details of any periods when the apprentice was furloughed or flexi-furloughed as part of the UK Government’s Coronavirus Job Retention Scheme, or did not complete at least 21 contracted hours per week.

b) Has the Apprentice been continuously employed by you, and participating on their AppsNI or HLA funded Apprenticeship, throughout the claim period?	Yes	No
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c) Have you made the Apprentice above redundant previously? If ‘Yes’ please provide date of redundancy and if re-employed date they re-joined their apprenticeship programme.	Yes	No
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Date of redundancy

Date of re-employment

d) Has another Employer made the Apprentice above redundant? If ‘Yes’, please provide date of redundancy.	Yes	No
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Date of redundancy

4. Please answer ‘Yes’ or ‘No’ to the following for each Apprentice shown in Question 3. (continued)

Apprentice No. 3

a) Please provide full details of any periods when the apprentice was furloughed or flexi-furloughed as part of the UK Government’s Coronavirus Job Retention Scheme, or did not complete at least 21 contracted hours per week.

b) Has the Apprentice been continuously employed by you, and participating on their AppsNI or HLA funded Apprenticeship, throughout the claim period?	Yes	No
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c) Have you made the Apprentice above redundant previously? If ‘Yes’ please provide date of redundancy and if re-employed date they re-joined their apprenticeship programme.	Yes	No
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Date of redundancy

Date of re-employment

d) Has another Employer made the Apprentice above redundant? If ‘Yes’, please provide date of redundancy.	Yes	No
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Date of redundancy

Apprentice No. 4

a) Please provide full details of any periods when the apprentice was furloughed or flexi-furloughed as part of the UK Government’s Coronavirus Job Retention Scheme, or did not complete at least 21 contracted hours per week.

b) Has the Apprentice been continuously employed by you, and participating on their AppsNI or HLA funded Apprenticeship, throughout the claim period?	Yes	No
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c) Have you made the Apprentice above redundant previously? If ‘Yes’ please provide date of redundancy and if re-employed date they re-joined their apprenticeship programme.	Yes	No
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Date of redundancy

Date of re-employment

d) Has another Employer made the Apprentice above redundant? If ‘Yes’, please provide date of redundancy.	Yes	No
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Date of redundancy

4. Please answer ‘Yes’ or ‘No’ to the following for each Apprentice shown in Question 3. (continued)

Apprentice No. 5

a) Please provide full details of any periods when the apprentice was furloughed or flexi-furloughed as part of the UK Government’s Coronavirus Job Retention Scheme, or did not complete at least 21 contracted hours per week.

b) Has the Apprentice been continuously employed by you, and participating on their AppsNI or HLA funded Apprenticeship, throughout the claim period? **Yes** **No**

c) Have you made the Apprentice above redundant previously? **Yes** **No**
 If ‘Yes’ please provide date of redundancy and if re-employed date they re-joined their apprenticeship programme.

Date of redundancy

Date of re-employment

d) Has another Employer made the Apprentice above redundant? **Yes** **No**
 If ‘Yes’, please provide date of redundancy.

Date of redundancy

5. Have you made any apprentices on similar pathways to those contained within this application redundant since 1st April 2020?

Yes **No**

If ‘Yes’ provide details.

6. At the date of your claim, how many days has (have) the Apprentice(s) named above at Question 3 above been employed by you and participating on an AppsNI or HLA programme? If joining date is after date of recruitment please use joining date. (Please tick relevant box)

Apprentice 1	Apprentice 2	Apprentice 3	Apprentice 4	Apprentice 5
90 days +	90 days +	90 days +	90 days +	90 days +
200 days +	200 days +	200 days +	200 days +	200 days +

BANK ACCOUNT DETAILS

In order to progress your application we require you to provide a copy of your business's bank statement.

This bank statement should be for the account you want the Apprenticeship incentive to be receipted to. We need to be able to read the name of the account holder, the sort code and account number. You **must** redact all other information.

Please note that a pdf or scanned copy of the bank statement is preferable. A photograph of your statement can be provided in exceptional circumstances. We must be able to clearly read the details.

Your bank statement will be used to:

1. Verify the bank account belongs to an eligible business;
2. Check you have entered your bank account details correctly for payment;

Please note we cannot progress your application until this bank statement is received.

Where you do not have access to online banking systems or have a copy of your statement that matches the other bank statement requirements set out above, you should contact your bank to obtain a pdf copy of your statement. If you can only provide a paper copy, then a photograph of your statement can be provided as a last resort - you should note that the Department for the Economy reserves the right to ask for other corroborating evidence if required.

Please contact ApprenticeshipsRecovery@economy-ni.gov.uk if there is an exceptional circumstance which means you cannot provide a bank statement and the verification team will discuss options with you.

BANK ACCOUNT DETAILS

Sort Code

Account Number

STATE AID

De minimis Aid Declaration

Although the UK has left the European Union, the European Union State Aid rules still apply during the Transition Period. The New Apprenticeship Incentive Scheme you are applying for is being awarded on the basis of the European Union's *de minimis* rules - **Regulation (EC) No 1407/2013**. Before we can pay out this incentive, we must check your business will not exceed the *de minimis* ceiling of €200,000. This is the total amount of *de minimis* aid that may be granted to a single undertaking over any period of three fiscal years.

If DfE cannot pay your incentive on a *de minimis* basis, it will pay this on the basis of the UK's COVID-19 Temporary Framework for UK authorities (SA.56841). If this becomes necessary, DfE will contact you to request additional information and completion of relevant pro forma declaration.

If you have been offered any other *de minimis* funding by a GB or NI Government department, Invest NI, InterTradelreland or a local council, in the current or two previous accounting years you must tell us now.

To allow us to confirm you are eligible for this incentive, please answer the questions below.

If your company is part of a UK group of companies, as the €200,000 *de minimis* ceiling applies to the combined group, please provide the total amount of *de minimis* aid **for all group companies**.

Please also note it is your responsibility to check whether the support you have received was classed as 'de minimis' aid. This will be on your letter of offer or other correspondence from the aid grantor. If in doubt, please check with whoever provided you with the support.

Has your company or any company within the Group (if applicable) received any other *de minimis* aid in the current or previous 2 fiscal (accounting) years?

Yes

No

If you answered yes to the question above, please provide the total amount of *de minimis* funding received in Sterling, excluding this application. Please note the Department may need to contact you for further information, please check your emails regularly for any correspondence.

NOTE: If you do not complete this section your claim for an Apprenticeship incentive cannot be processed.

7. Declaration

I declare that:

- The Apprentice(s) named above has (have) commenced an Apprenticeship with my Company under AppsNI or HLA.
- The Apprentice(s) named above is (are) not displacing another Apprentice on a similar employment pathway.
- I have provided accurate information on hours worked and all periods of furlough and flexi-furlough.
- The information provided in this application is accurate and correct and in compliance with the New Apprentice Incentive Scheme.
- I understand that the provision of false information to obtain incentive payments under this scheme is regarded as a serious offence and I may be required to repay all monies received under the Scheme.

Signed:

Date:

Position in Company:

To support my application I enclose the following evidence:

AppsNI Delivery Agreement or HLA Tripartite Agreement (required for 90 days claims)

Bank statement showing name of the account holder, the sort code and account number with all other information redacted (required for 90 days claim only unless details have changed since 90 days claim)

Apprentice(s) P11s or payslips showing employment throughout the claim period (required for all claims)

Please return the completed form with the required evidence to
ApprenticeshipsRecovery@economy-ni.gov.uk

NOTE: Failure to submit the required evidence detailed for each element of the scheme will result in a failed claim.