

LQ ATTENDANCE GRANT APPLICATION

Office use

Complete both sections below in full and then email this form to grant.claimforms@citb.co.uk along with evidence from the training provider showing the learner's name, start date, and qualification title.

I understand that applications received without evidence from the training provider will be rejected.
(Tick)

Section 1: Course details

| | | | |
|----------------------------|----------------------|--|----------------------|
| Learner full name | <input type="text"/> | | |
| Learner date of birth | <input type="text"/> | National Insurance number | <input type="text"/> |
| Date joined employer | <input type="text"/> | Individual CITB registration number (if known) | <input type="text"/> |
| Qualification title | <input type="text"/> | | |
| Qualification level | <input type="text"/> | | |
| Original course start date | <input type="text"/> | Expected completion date | <input type="text"/> |
| Name of training provider | <input type="text"/> | | |

Section 2: Employer declaration

| | | | |
|--------------------------|----------------------|---------------------------------------|----------------------|
| Employer name | <input type="text"/> | | |
| CITB registration number | <input type="text"/> | Employer post code | <input type="text"/> |
| Telephone number | <input type="text"/> | Your reference number (if applicable) | <input type="text"/> |

Having read, understood, and accepted the current CITB Grants Scheme Terms & Conditions and requirements specific to each grant type, which can be found at citb.co.uk/grant,

I declare that:

- the information provided in this grant application is correct and complete;
- I am authorised to complete and submit this application;
- This application relates to employee(s) of this business (or others eligible under the scheme requirements) and I have their consent to submit this information; and
- no other application has been submitted in respect of the same course attendance dates or achievement to which this application relates.

I confirm that:

I have and will continue to comply with the Grants Scheme Terms & Conditions and requirements specific to each grant type including keeping all supporting information for the purpose of verification, permitting audit visits, notifying CITB of any material change, repaying any grant paid in error or overpaid.

I understand and agree that CITB (and/or its agents or auditors):

- Reserves the right to carry out verification checks to ensure this application is valid and made in accordance with the Grants Scheme Terms & Conditions and specific requirements;
- may process personal data contained in this application in accordance with our Privacy Policy;
- may withhold payment of future grant applications or reclaim grant paid should the employer be in breach of this declaration and that this may involve legal proceedings to recover such sums.

| | | | |
|------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Position at employer | <input type="text"/> |
| | | Date | <input type="text"/> |

If you are a third party submitting this application on behalf of a CITB-registered employer, the employer must provide, or have already provided, written permission to CITB for you to submit grant applications on their behalf.

How CITB uses your information

All information provided to CITB will be processed in accordance with the Industrial Training Act 1982, the Data Protection Act 2018 and the General Data Protection Regulations (EU 2016/679).

The information you provide to CITB in completing this application will be used for purposes connected with all of CITB's functions as an Industrial Training Board. These purposes are set out in our Privacy Policy on our website at citb.co.uk/privacy.