CITB GRANTS SCHEME



Office use

ACHIEVEMENT GRANT APPLICATION

Complete both sections below in full and then email this form to grant.claimforms@citb.co.uk along with evidence of achievement. Visit citb.co.uk/grant for rules and acceptable forms of evidence, which may vary by grant type.

I understand that grant will not be paid without evidence of achievement.

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Learner full name									
Learner date of birth		National Insurance number							
Date joined employer		Individual CITB registration number (if known)							
Qualification title									
Qualification level		Achievement date							
Grant type (please tick one) Appro	enticeship Qualifica		ong Occupational tion Traineeship						
Section 2: Employer declaration									
Employer name									
CITB registration number		Employer post code							
Telephone number		Your reference number (if applicable)							
can be found at citb.co.uk/grant, I declare that: the information provided in this grant at a lam authorised to complete and subm This application relates to employee(s)	application is correct and complete; nit this application;) of this business (or others eligible under their consent to submit this information; ed in respect of the same course	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		Position at employer							
		Date							

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.