Application for Training Funding

**Where the cost of the training is more than £500, this application must be submitted to the CCG Training panel for approval**

## Applicant Details

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Directorate |  |
| Email address |  |
| Phone number |  |
| Date of request |  |

## About the training course/event/conference

|  |  |
| --- | --- |
| Name of course/training/event |  |
| Training/course reference where applicable |  |
| Date of training/event |  |
| Duration of training event |  |
| Location |  |
| Description |  |
| Training identified in PDP - Y/N |  |
| Amount requested | **£** |
| Total Course cost |  |
| Amount agreed to self-fund (where applicable) | **£** |
| Describe how this training or event will help you in your job and/or career development/project. Please be specific as to anticipated skills, knowledge and/or professional development. Please use a separate sheet if necessary |  |
| Describe any learning and  development undertaken in the last twelve months |  |

**Please tick as appropriate:**

* I have attached the course outline/ details of the course confirming the date and cost
* I agree to report to my manager about the value/content of this learning event and share the knowledge gained with colleagues.
* **I confirm non-completion of the course, or leaving the CCG within the timescales outlined in the Study Policy, will require me to reimburse the CCG for funding unless otherwise agreed.**

|  |  |
| --- | --- |
| Signature |  |

## To be completed by line manager

I have reviewed this request with my member of staff and approve it

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Signature |  |

**Completed forms should be emailed to:** [**scrccg.corporateservices@nhs.net**](mailto:scrccg.corporateservices@nhs.net)

## To be completed on behalf of the CCG by the Training Panel Chair

|  |  |
| --- | --- |
| Approved – Y/N |  |
| Funding approved: Y/N  % or amount |  |
| If no, state reason |  |
| Signature |  |