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**

## 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  |  |