***APPLICATION for a TRAINING AND EDUCATION GRANT FROM CHARITABLE FUNDING***

*ALL SECTIONS MUST BE COMPLETED BEFORE SUBMITTING APPLICATION*

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| **Section One: Contact Details – complete all boxes** |
| **Name :**       | **Job Title:**       |
| **Care Group:** Click & select from List.  | **Site:** Click & Select Hospital site(s) |
| **Speciality:**        | *e.g. Child Health or Renal* |
| **Email:**Click here to enter name@nhs.net | **Tel ext:**       |
| **Name of the course/event/training:** | Category of the course: Choose an item. |
| **Training Provider:**  | Date of Course or programme: Click here to enter a date. Until Click here to enter a date. |
| **Location of course or programme:**  |  |
| **Is this training part of Continuing Professional Development (CPD) and required by a professional body?** Choose an item. | **Has this training or programme been documented and agreed with your line manager in your PDP?** Choose an item. |
| **Study Leave Approved:** Choose an item. | **Authorised Study Leave Form attached:** Choose an item. |
| **Have you applied for funding from any other source? Yes or No**. | **If yes where from?** Click for group.**What was the outcome?** Select from list |

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| **Section Two: Expenses** |
| £ | Paid for by Care Group/Trust | Paid for by individual | Paid by sponsorship | Paid by sponsor | Total cost |
| Course fees (inc VAT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.0 |
| Exam fees | 0.00 | 0.00 | 0.00 | 0.00 | 0.0 |
| Books and other study | 0.00 | 0.00 | 0.00 | 0.00 | 0.0 |
| Subsistence and accommodation | 0.00 | 0.00 | 0.00 | 0.00 | 0.0 |
| Travel – identify method (train/ car (mileage) | 0.00 | 0.00 | 0.00 | 0.00 | 0.0 |
| Total cost | 0.0 | 0.0 | 0.0 | 0.0 | **0.0** |
| **r** |
| **How will this course benefit the care and comfort of the patients on your ward or department?:**      (impact / changes proposed etc) |
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| **If this programme of study does not receive charitable funding would the current service continue?** Click here to insert outcome. |

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| **Section Three: Declaration by claimant** |
| 1. **I declare that the information provided in the sections above is accurate to the best of knowledge at the time of application. Should the information be subsequently found to be false, I agree to reimburse the Charity for any payments made in relation this course, conference or programme.**
2. **By ticking this box you are confirming that you are fully aware of this declaration.** [ ]

**Date Click here to enter a date.** |
| **B. MANDATORY : Application is approved by the Fund Manager (email approval is sufficient)****By ticking this box you are confirming that the Authorising manager or they delegated representative is fully aware of this application.** [ ] **Date approved** Click here to enter a date.**Reference / comment / email attached if applicable:**       |
| **C. For Internal Finance use only:****Additional signatory if required under the Scheme of Delegation** | **Signed:****Name:** |

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| **Section Four: Submit Application to Finance Charity Team** |
| Once the relevant approvals have been received and dates entered above send the application (**as a word document NOT a PDF**) and associated documents to: **ekh-tr.charityapplications@nhs.net** |
| **What happens next?** |
| 1) Your application will be submitted by the Charity Team for review. 2) You may be asked to present to the Charity. If you cannot attend the application may be deferred.3) The Charity will advise you of the success or failure to secure a grant and advise how you proceed. Issues delaying the course or event must be notified to Finance Charity Team on ekh-tr.charityapplications@nhs.netor Ext 722 6356 |

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| **Section Five: Acknowledgement and Impact** |
| 1. Once you have undertaken your course or conference (or project is completed) please send, **within 4 months,** the below form completed to the Charity describing the difference and impact this has made to the patients and staff.

ekh-tr.fundraising@nhs.net3) You may be asked to attend a meeting to present your feedback. |

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| **Impact report** - **complete all boxes** |
| **Name:**  | **Job Title:** |
| **Care Group:** Click & select from List. | **Site:** Click & Select Hospital site(s) |
| **Speciality:**        | *e.g. Child Health or Renal* |
| **Email:**Click here to enter name@nhs.net | **Tel ext:**       |
| **Name of the course/event/training:** | Category of the course: Choose an item. |
| **Training Provider:**  | Date of Course or programme: Click here to enter a date. Until Click here to enter a date. |
| Please describe how this course etc has improved the treatment and or care of patients or patient experience? |