

**NHSE South West Funding Request Form**

Please complete **all** sections of this form

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| Overview Information |
| * Please return this form at least 8 weeks prior to requiring the funds to england.studyleave.sw@nhs.net
* Please use subject heading: Funding Request Form.
* Please do not confirm any venue or payments without approval and a reference number. The named Trust will be liable for any expenditure related to this request without prior approval.
* We will aim to respond within 10 working days.
* If approved, please ensure that all future communication and reimbursements use the returned reference number provided. We are unable to support any reimbursements without a reference number.
* To check a checkbox on the form, click it once.
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| NHSE Office use only |
| Reference Number |  |
| Approval Status |  |
| Date |  |

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| SECTION 1a – Organiser Details |
| Lead Organiser Name |  |
| Title |  |
| Email Address |  |

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| SECTION 1b – Requestor Details (if different) |
| Requestor Name |  |
| Title |  |
| Email Address |  |

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| SECTION 1c – Trust/Primary Care Details |
| Trust Name or Primary Care |  |
| Medical Education Manager’s (MEM’s) or Primary Care Patch Administrator’s Name |  |
| Email Address |  |

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| SECTION 1d – School Details |
| Name of School |  |
| Training Programme/Specialty |  |
| Head of School Name |  |
| Email Address |  |

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| SECTION 2a – Overview of Event |
| Event Name |  |
| Date(s) of Event |  |
| Event Duration (Highlight as appropriate) | Half Day | Full Day | Multiple Days |
| If Multiple Days, How many? |  |
| If required, justification for multiple days. |  |

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| SECTION 2b – Proposed Venue |
| It is important to try and use NHS rooms in the first instance.By proposing a non-NHS location, you are confirming that you have exhausted the NHS options for free meetings rooms. This includes amending the proposed date of the event. |
| Proposed Venue |  |
| If required, justification for non-NHS venue |  |

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| SECTION 2c – Delegate Information |
| Specialty |  |
| Level of Training (i.e. Foundation, CT, ST) |  |
| Number of Delegates |  |

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| SECTION 2d – ADP Details (If Applicable) |
| If Applicable, ADP Reference |  |
| Justification for additional costings below |  |

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| SECTION 2e – Further Course Information (If not linked to ADP) |
| How will this event support the curriculum? |  |
| Aims and Objectives |  |

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| SECTION 3a – Costings |
| **Day delegate rate (if applicable)** |  |
| **Main Room cost** |  |
| **Other rooms (if applicable)** |  |
| **Facilitator costs (if applicable)** |  |
| **Equipment costs (if applicable** |  |
| **Other costs (please specify if applicable)** |  |
| **Total cost** |  |

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| SECTION 3b – Expenses  |
| Where appropriate, facilitators for courses where presented in person (face to face), may claim expenses with prior consent from the Faculty Development Team. Resident Doctors, may claim expenses in line with the [study leave guidance.](https://www.severndeanery.nhs.uk/about-us/ped/education/doctors-in-training/study-leave-across-the-south-west-2425/?utm_campaign=South+West+Study+Leave+Guidance+and+Course+List-+July+22%27&utm_source=emailCampaign&utm_content=%7B%7EmailVariationId%7E%7D&utm_medium=email)* Mileage
* Accommodation
* Meal Allowance

Please note the following:* Expenses will be in line with the [NHS Terms and Conditions of Service Handbook](https://www.nhsemployers.org/publications/tchandbook)
* If travelling by train, only standard class rail will be funded.
* If travelling by vehicle, please use the [AA Mileage Calculator](https://www.theaa.com/driving/mileage-calculator.jsp) to work out your mileage for expense purposes
* We appreciate that it is not always possible to find accommodation and meals within the above guideline costs, but we ask that speakers adhere as closely as possible to these rates. Travel expenses and hotel accommodation (if used) may be claimed according to prevailing allowances.
* VAT-type receipts should be attached to your claim form (credit/debit card slips are not acceptable). These costs will then be reimbursed, along with your fees on submission of the invoice. Without receipts, we will be unable to reimburse you.
* If travelling by vehicle, please ensure that you submit a screenshot of the [AA Mileage Calculator](https://www.theaa.com/driving/mileage-calculator.jsp) to demonstrate the expense cost.
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| With the above in mind, are expenses required? (Highlight appropriate response) | Yes | No |

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| SECTION 4 – Declaration |
| Please read the below statements. Tick the box to the right of each statement to confirm the statements below. |
| I hereby confirm that the details laid out within this Funding Request Form are to the best of my knowledge accurate. This includes:- Overview of organisers contained within Section 1- Event details contained within Section 2- Costings of the event contained within Section 3 |[ ]
| I hereby confirm all appropriate approvals have been sought prior to the form being submitted to NHS England South West.  |[ ]
| I hereby confirm that the Trust’s Medical Education Manager (MEM) or Patch Administrator (For Primary Care) have been informed of this request. |[ ]
| I hereby confirm that the Trust’s policies will be applied when booking venues and other payments. |[ ]
| I hereby confirm that a copy of the itinerary/agenda have been attached to the submission of this form. |[ ]

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| SECTION 5a – Details of the Individual who has completed this form |
| Name |  |
| Signature |  |
| Date |  |

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| SECTION 5b – HoS/TPD Approval |
| I agree this event is required to support CCT and cannot be achieved through local or regional / complements regional teaching |
| Name |  |
| Signature |  |
| Date |  |

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| SECTION 5c – Trust MEM/Business Manager (Primary Care) Approval |
| Name |  |
| Signature |  |
| Date |  |