**Funding Request**

**Please return this form at least 8 weeks prior to requiring the funds to** **england.studyleave.sw@nhs.net** **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**

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| **Section 1 OFFICE USE ONLY** |
| **Date received** |  |
| **Date replied**  |  |

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| **Section 2 GENERAL INFORMATION** |
| **Lead organiser name** |  |
| **Title** |  |
| **Email address** |  |
| **Name of requestor (if different to Lead Organiser)** |  |
| **Title** |  |
| **Email Address** |  |
| **Training programme/ specialty (if a Postgraduate Dr in training)** |  |
| **Level (if a Postgraduate Dr in training)** |  |
| **HoS Name** |  |
| **Name of Trust to reimburse \* (see section 6)** |  |
| **Name of Medical Education Manager (MEM)** |  |
| **MEM email address** |  |

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| **Section 3 EVENT DETAILS** |
| **Title of Event** |  |
| **Date(s) of Event** |  |
| **Event duration (please delete as appropriate)** |  Half day Full day No of Days  |
| **Proposed venue \*\* (please see section 5)**  |  |
| **Specialty**  |  |
| **CT level / ST Level/ other (please state Other)** |  |
| **No of Delegates** |  |
| **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 4 REQUEST DETAILS** |
| **Details;**Please give as much detail as possible such as; who is running the event how it will support the curriculum, the rationale behind the event, why the aims and objectives of the day cannot be delivered any other way; why it needs to be the time required if more than 1 day.  |
| **Section 5 VENUE DETAILS** |
| **NHS options**It is important that you try to use NHS rooms in the first instance. Please confirm by ticking the box that you have exhausted the NHS options for free meeting rooms (including amending the proposed date of the function) before incurring costs for hiring rooms.  |
| **The reason we have not booked NHS rooms:-** |

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|  Please ensure that all invoices / correspondence relating to this Funding Request have the referencenumberincluded**;** this is to assist with matching the reimbursement request with the Funding Request and to facilitate payment |

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| **Section 6 CHECKLIST IMPORTANT – please tick the box to remind you of your actions** |
| Have you -* Ensured you have completed all sections in full
* Obtained the appropriate approval (Drs in Training require the TPD or HoS signature or an email from either approving the event)
* You have contacted your local Medical Education Manager (MEM) to ensure they are aware of the request. You will need to apply your Trust policy for booking of venues and other payments.
* Attached a copy of the itinerary/agenda

**Failure to provide all of the above will delay your request being processed.** |

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| **Section 7 APPROVAL**  |
| **HoS/ TPD** I agree this event is required to support CCT and cannot be achieved through local or regional / complements regional teaching (delete as applicable)Name ………………………………………Signature……………………………Date………………**Lead Organiser** Name ……………………………………. Signature …………………………… Date ……….…...**Trust MEM** – the Trust is aware of the funding request Name ……………………………………. Signature …………………………… Date ……….…... |

**We will respond within 10 working days. We will return the form with a reference number if it is approved. Please use this number for ALL communications and reimbursements requested related to this funding request. We are unable to support any reimbursements without a reference number**

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| **Ref Number** | **FR/(Specialty)/(month)/(year)/ (chronological number)** |
| **Approved / not approved** |  |
| **Date** |  |