**SAS DEVELOPMENT APPLICATION FORM 1**

**(For Generic courses and external approved courses\*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job Title** |  |
| **Department** |  | **Trust** | MY | OtherPlease state |
| **Phone number** |  | **email** |  |

|  |  |
| --- | --- |
| **EVENT DETAILS:** |  |
| **Course/Conference/Workshop title** |  |
| **Venue** |  |
| **Start date** |  | **End date** |  |

**Other information**

|  |  |  |
| --- | --- | --- |
| **\*\*Approved study or annual leave** | **Y** | **N** |
| **Reason for applying**(Please state) |  |
| The event should contribute to your own development and patient's care |
| \*\*\*If I fail to attend this course I may be liable to pay £50 Please tick |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate signature** |  | Date |  |

**For official use only:**

|  |  |  |
| --- | --- | --- |
| **Application** | **Approved** | **Not approved** |
|  |  |  |
| **Actual expenses including fees, travel expenses etc.** | **£** |
| **Authorising Signatures:** |
| **SAS Tutor****H Mashaly** | **H Mashaly** | **Course coordinator Ann-Marie kemp** |  |

|  |
| --- |
| **Please return the completed form to:****Ann-Marie Kemp, Course Coordinator****Medical Education, Oakwell Centre,** **Dewsbury Hospital, Halifax Road, Dewsbury WF13 4HS****T: 01924 319581 | Ext: 36581** |

**\*Specialty specific courses are funded by the trust.**

**\*\*an approved study or annual leave must be booked unless you are not scheduled for clinical sessions**

**\*\*\*If you fail to attend a course you booked you will be liable to pay £50 towards the expenses spent**