**SAS DEVELOPMENT APPLICATION FORM 1**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Job Title** |  | |
| **Department** |  | **Trust** | MY | Other  Please 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**