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| **SuppoRTT CPD Funding Request Form**  **(Application for curriculum leave for trainees in HEE across YH)** | | | | | | |
| **SECTION A (to be completed by the trainee)** | | | | | | |
| **Trainee Surname:** Click here to enter text. | | | **Trainee Forename:** Click here to enter text. | | | |
| **NTN:** Click here to enter text. | | | **GMC No:** Click here to enter text. | | | |
| **Specialty:** Click here to enter text. | | | **Grade (CT/ST etc):** | | | |
| **Current Employer:** | | | **Point on Salary Scale:** Click here to enter text. | | | |
| **Trainee Address:** | | | **Trainee Email:** | | | |
| **Leave requested for:** (please tick)  **1.Professional development 2. Conference**  **3. Other** | | | | | | |
| **Dates (inclusive of travel):**  **From: To: No of days:** | | | | | | |
| **Course / conference / study day details:**  **Title:**  **Location:** | | | | | | |
| **EXPENSES** | **Course Fee** | **Residential Costs (num of nights)** | | **Travel** | **Subsistence** | **Other (please specify)** |
| **Estimated** | **£** | **£** | | **£** | **£** | **£** |
| **Approved** | **£** | **£** | | **£** | **£** | **£** |
| **Applicant Signature: Date: Click here to enter text.** | | | | | | |
| **SECTION B (to be completed by ES or TPD)** | | | | | | |
| **\*Approved / Not Approved** *\*delete as appropriate*  **I CERTIFY THAT:**   1. **This study/course activity is appropriate to the applicants present training requirements** 2. **The applicant has made every effort to prepare him/herself for this course** 3. **The applicant is currently OOP**   **Name: (please enter name)**  **Signature: Date: Click here to enter text.** | | | | | | |
| **SECTION C (To be completed by SuppoRTT Administrator)** | | | | | | |
| **Confirmation of receipt sent to the trainee: Yes / No**  **SuppoRTT CPD Funding tracker updated:** Yes/No  **Copy of SuppoRTT CPD Funding added to trainee file:** Yes/No | | | | | | |