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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)** *(Please note, maximum of £55 per night)* | **Travel** *(24p per mile- Mileage will be reimbursed at AA quickest route)* | **Subsistence** (*Receipted Meal expenditure to a maximum £20 per 24 hours)* | **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  |