

Name of Guidance	Supported Return To Training (SuppoRTT) CPD Funding
Category	Professional Support
Authorised by	Postgraduate Dean's Senior Management Team
Date Authorised	
Next Review Date	Guidance to be reviewed in July 2019 or in accordance with any organisational or national changes which effect the processes outlined.
Document Author	Caroline Hinds

Version	Date	Author	Notes Reason for Change, what has changed, etc
0.1	October 2018	Caroline Hinds	

Section 1: Introduction

Many trainees take a period of absence from training for a number of reasons which can often vary in duration. This can include; Parental leave, Carers leave and Sickness. It may also include Out of Programme Experience or Research.

Under the Supported Return to Training scheme funding is available for ALL trainees who are absent from their training programme, who may wish to attend CPD events (courses / educational days) that will be of benefit in preparation for their return to training.

HEE YH offers all OOP trainees (including parental, sickness & carers leave) the opportunity to attend a number of **free** generic supported return to training days and events that are designed to help trainees regain their confidence and previously acquired skills more quickly and safely.

HEE also recognises that trainees may also wish to attend a speciality specific course / events that will aid in their return to training. Trainees will be able to apply for individual funding from the SuppoRTT budget to attend courses / educational events prior to their return via the **SuppoRTT CPD Funding Process**.

Please note that HEE will pay for the course/event and not for trainee salaries.

Section 2: Guidance

1. Attendance of courses / events **within** HEE YH Supported Return to Training programme.

1.1 Trainees who are absent from their training programme; For courses held and facilitated centrally by HEE YH, trainees would **not** need to complete an application form. These courses are funded directly by HEE YH. Details of the programme can be found on the website.

[SuppoRTT Webpage](#)

1.2 Trainees who have recently returned to training; To attend the HEE YH Supported return to training programme, trainees must follow their normal study leave process in accordance with their lead employer.

2. Attendance of courses / events **outside** of HEE YH Supported Return to Training programme

2.1 Trainees who are absent from their training programme; To attend courses/events that are not facilitated centrally by HEE YH, trainees will be required to apply for funding via the **SuppoRTT CPD Funding Application Form** (appendix A). The trainee will be required to seek approval from either their ES / TPD prior to submission. In exceptional circumstances the trainee can seek approval from the SuppoRTT Associate Post Graduate Deane's (the APD may wish to speak to the trainees ES/TPD to discuss suitability prior to approval).

The completed form must then be sent to the SuppoRTT administrator:
supportt.yh@hee.nhs.uk

Examples of courses / event include (but are not limited to);

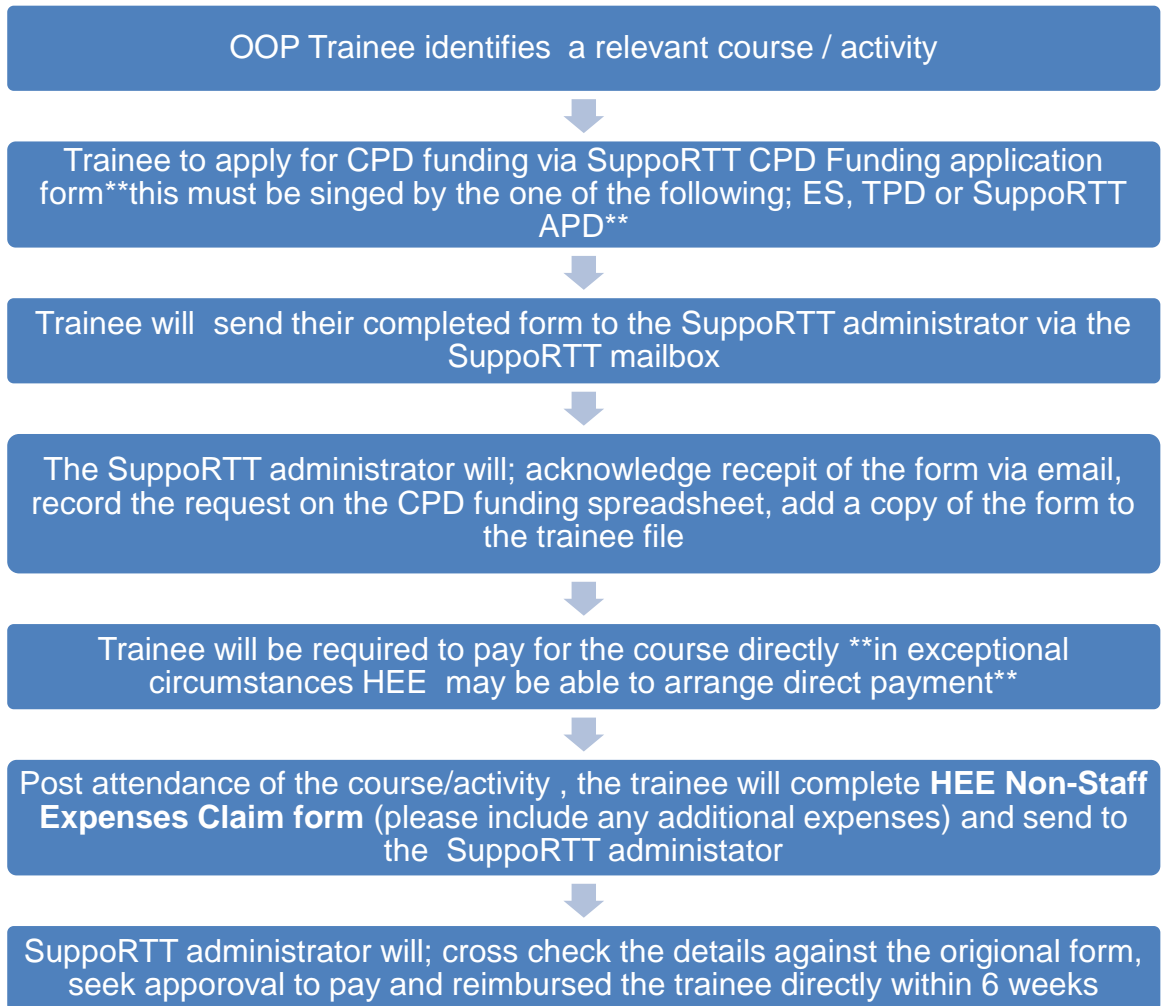
- Bootcamps
- Speciality specific training days
- Mixed speciality courses
- Conferences

The trainee will be expected to pay for the course/event directly and then claim all funds and additional expenses (travel, accommodation etc) via HEE Non-Staff Expenses Claim Form (appendix B). This must be sent to the SupportTT administrator: supportt.yh@hee.nhs.uk who will arrange for the trainee to be reimbursed directly within a 6-week period.

In exceptional circumstances HEE YH may arrange direct payment to the supplier / organiser if the trainee is unable to pay for the course / event directly. This will be at the discretion of the business manager.

2.2 Trainees who have recently returned to training; To attend courses/events that are not facilitated centrally by HEE YH HEE YH Supported return to training programme, trainees must follow their normal study leave process in accordance with their lead employer.

Section 3: SupportTT CPD Funding - flow chart



Appendix A: SupportTT CPD Funding Request Form

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

Appendix B: HEE Non-Staff Expenses Claim Form

INVOICE

ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. COMPLETE ALL THE BOXES HIGHLIGHTED IN YELLOW. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON PAYMENT

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Title	
First Name IN FULL	
Middle name IN FULL	
Surname	
Address Line 1	
Address Line 2	
Address Line 3	
Town/City	
Post Code	

Invoice Number	(completed by HEYH)						
Invoice Date			/			/	
PO Number							
FAO							

Invoice To:

**Health Education England – T73
YORKSHIRE AND THE HUMBER LETB
T73 Payables F485**

Phoenix House
Topcliffe Lane
Tingley
Wakefield
WF3 1WE

Return address

**Learner Support and Faculty Development Team
Health Education Yorkshire and Humber
Willow Terrace Road
Leeds
LS2 9JT**

BANK ACCOUNT NUMBER	BANK ACCOUNT SORT CODE	BANK ACCOUNT NAME	SWIFT CODE (OVERSEAS ONLY)	E-MAIL ADDRESS FOR REMITTANCE ADVICE AND QUERIES

NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.

Total Value of the Claim	£
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Please fill in the breakdown of the claim on the following page

Details of the claim

Travel Expenses		
Start Location:		Finish Location:
Public Transport	Mode of transport: <i>(Receipts must be attached)</i>	£
Private Transport	Total Number of Miles: _____ @ 24p per mile <i>(Mileage will be reimbursed at AA quickest route)</i>	£
<i>Passengers (Reimbursed at 5p per mile per passenger)</i>	Name(s) of passenger(s): _____ Total miles travelled with passenger _____ <i>(Passengers must be travelling to same event & also entitled to reimbursement of travel expenses by PGMDE (Health Education Yorkshire and the Humber))</i>	£
Subsistence	<i>Accommodation Expenditure</i> (Receipted expenditure to a maximum of £55 per night)	£0
	<i>Meal Expenditure</i> (Receipted expenditure to a maximum £20 per 24 hours)	£0
Other Expenses	<i>Please specify below:</i>	£

DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)

Where there is no receipt a full written explanation must be attached

Please read the guidance notes you obtained along with this claim form very carefully.

PGMDE (Health Education Yorkshire and the Humber) reserves the right to reimburse the cheapest option wherever relevant.

EVENT/ACTIVITY

LOCATION

DATE(S)	From:	To:
Resource Fee / Backfill / Course Fee		
		£
Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.		
Name:	Signed:	Date:

Please returned this form to the appropriate HEYH office for authorisation

TO BE COMPLETED BY HEYH STAFF ONLY:		
Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given.		
Name:	Signed:	Date:
Certification of Expenses: This claim form has been checked and certified in accordance with HEYH Travel and Subsistence Guidelines. Any adjustments made to this claim, in line with these guidelines, have been communicated to and approved by the claimant. Approval of such changes is attached and submitted with this document.		
Name:	Signed:	Date:
Position:	Contact Number:	

