**Continuing Professional Development (Appendix C)**

**V3.0 11/20**

**Agreement form for accessing CPD**

**funding for eligible Nurses, Midwives & AHPs**

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| This document forms part of the process for applying for funding for CPD as set out in the Personal Contributions for Training and Development Policy and should be completed following a discussion between applicant and their line manager using the Managers Checklist (Appendix B)  In order for funding to be confirmed you will need to submit the following to [Kelly.Budgell@nhs.net](mailto:Kelly.Budgell@nhs.net) and [Nicola.summerill@nhs.net](mailto:Nicola.summerill@nhs.net):   * This form, fully completed * Details of the training provider, including Name, Address and Contact number and email address * Proof of the cost of the course (e.g. email if not included on application form)   On receipt of all of the above information a Purchase Order will be raised which can be given to the training provider to enable them to raise an invoice. | | | | | | | | | | | |
| **1 STAFF MEMBER REQUESTING ACCESS TO FUNDING** | | | | | | | | | | | |
| **Surname/Family Name** HERE | | | | | | | | | | | |
| **First Names** (in full) HERE | | | | | | | | | | | |
| **Professional Registration Body:** HERE | | | | | | **Registration Number:** HERE | | | | | |
| **2 EMPLOYMENT DETAILS** | | | | | | | | | | | |
| **Current Role and Band:** HERE | | | | | | **Assignment Number:** HERE  (you will find this on your ESR payslip) | | | | | |
| **Trust / Organisation:** *Salisbury NHS Foundation Trust (SFT)* | | | | | | | | | | | |
| **Ward / Department / Unit:** HERE | | | | | | | | | | | |
| **Work telephone number:** (in case of any queries): HERE | | | | | | | | | | | |
| **Work email** (to which confirmation will be sent):HERE | | | | | | | | | | | |
| **3 COURSE/ MODULE DETAILS** | | | | | | | | | | | |
| **Unit or Course Title** HERE | | | | | **Provider:** HERE | | | | | | |
| **Cost/ amount requested:** HERE | | | | | | | | | | | |
| **4 FEES – Who is paying your tuition fees for the course/unit? (please see over)** | | | | | | | | | | | |
| **(A) Continuing Professional Development (CPD) funds 🞎** | | | | | | | | | | | |
| **(B) Departmental budget 🞎 Cost centre** HERE **Cost Code** HERE  Amount from this funding source HERE  Budget holder name HERE Signature HERE | | | | | | | | | | | |
| **(C) Self-Funding 🞎**  Amount from this funding source HERE | | | | | | | | | | | |
| **(D) Other… Please state where 🞎**  Please note: There is no guarantee that this funding will be available. | | | | | | | | | | | |
| **5 SUPPORTING MANAGER – to be completed by your Line Manager** | | | | | | | | | | | |
| **I, the supporting manager, support this application and confirm through discussion with the employee that:**   * The individual is eligible to access this funding * The skills, knowledge and behaviour gained from this training course meets the needs of the service requirements and will be utilised within practice. * I will release the employee from their normal duties in order to complete the training course including attending training days and exams. * Any practice-based opportunities and clinical assessment (if applicable) will be available for the duration of the learning applied for. | | | | | | | | | | | |
| **Please tick the HEE Star domain this investment most strongly aligns with:** | | | | | | | | | | | |
| **Supply** | **🞎** | **New Roles** | | | | | **🞎** | | **Leadership** | | **🞎** |
| **Upskilling** | **🞎** | **New ways of working** | | | | | **🞎** | |  | |  |
| **Signed:** HERE  Electronic or handwritten | | | | **Print Name** HERE | | | | | | | |
| **Work telephone number:** HERE | | | | | | | | | | | |
| **Work email** HERE | | | | | | | | **Date** HERE | | | |
| **6 PERSONAL DECLARATION** | | | | | | | | | | | |
| **I, the employee, understand that, by submitting this application form whether electronically or on paper, I confirm and agree that:**   * The information given in my application form is true, complete and accurate. * I am eligible to receive this funding as a registered Nurse, Midwife or AHP. * I am aware that this training course uses funding from my allocation of CPD funding. * I will source and apply for the appropriate training course, ensuring that I meet the entry requirements for the course * I will participate in all aspects of the training course, including study days, online learning and assignments/assessments. | | | | | | | | | | | |
| **Applicants Name (Printed)** | | | **Applicants Signature (Electronic or**  **handwritten)** | | | | | | | **Date** | |
|  | | |  | | | | | | |  | |

**Before submitting this form, please ensure you have included;**

* The signature of your supporting manager (essential for all courses)
* Funding sources for the full cost of the course in section 4 (in all cases)