**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 and 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** HEREAmount from this funding source HEREBudget 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.
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| **Please tick the HEE Star domain this investment most strongly aligns with:** |
| **Supply** | **🞎** | **New Roles** | **🞎** | **Leadership** | **🞎** |
| **Upskilling** | **🞎** | **New ways of working** | **🞎** |  |  |
| **Signed:** HEREElectronic 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.
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| **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)