**SAS Development Fund**

**NHS England North West**

**Application Form A (To Host an Event)**

|  |  |
| --- | --- |
| **Full Name** |  |

|  |  |
| --- | --- |
| **Address**  **(Including postcode)** |  |

|  |  |
| --- | --- |
| **Contact Phone Number** |  |

|  |  |
| --- | --- |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Current Position** |  |

|  |  |
| --- | --- |
| **Organisation** |  |

|  |  |
| --- | --- |
| **Event Title** |  |

|  |  |
| --- | --- |
| **Event Type** |  |

|  |  |
| --- | --- |
| **Event Location** |  |

|  |  |
| --- | --- |
| **Event Date(s)** |  |

|  |  |
| --- | --- |
| **Total No. of Participants** |  |

|  |  |
| --- | --- |
| **Is this event open to all SAS Doctors in the NW Region?** |  |

|  |  |
| --- | --- |
| **Funding required** | **Course provider:**  **Venue:**  **Catering:**  **Other costs:**  *(Please refer to the Funding Principles and Guidance for details of the maximum costings which would generally be approved)* |

|  |  |
| --- | --- |
| **Total funds applied for** |  |

|  |  |
| --- | --- |
| **Other sources of funding and amount** |  |
| **Please give an outline of this proposed event** |  |

|  |  |
| --- | --- |
| **How will this event contribute to the career development of SAS Doctors in the North West Region?** | Help to achieve extended Clinical, Managerial or Educational Roles |
| Support successful CESR (Portfolio pathway) applications |
| Coaching/mentoring to support SAS development & enhance service delivery |

|  |  |
| --- | --- |
| **If training is being provided by an external agency, please provide their full details** | Name:  Address:  Telephone Number:  Email Address: |

|  |  |
| --- | --- |
| **How will this event be publicised?** |  |

* The information provided in this application & supporting paperwork is true and complete to the best of my knowledge.
* If successful, I will submit a publicity flyer to NHSE NW for distribution across the North West.
* On completion of the event I will submit a completed evaluation/feedback form to NHSE NW to allow funding to be released to the trust, to help guide the future administration of the fund and to help ensure the successful development of SAS doctors in the region.

|  |  |
| --- | --- |
| **Signed** | **Date** |
| **Name** | **Role** |

Please return completed application forms at least 4 weeks before the start of the course to:

[england.sasdoctors.nw@nhs.net](mailto:england.sasdoctors.nw@nhs.net)