**SAS Development Fund**

**NHS England North West**

**Application Form B (Individual – Short Courses or Conferences)**

**To avoid disappointment or delays in processing your application, please refer to the Funding Principles and Guidelines for full guidance. In particular, please note:**

* Forms must be typed, not handwritten, and submitted at least four weeks before the start of the course
* All four sections of the form must be completed fully
* Ensure you attach details of the course programme
* Ensure the application has been signed by your Clinical Director and SAS Tutor/ Lead

**SECTION 1 - DEMOGRAPHIC DETAILS**

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

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

|  |  |  |
| --- | --- | --- |
| **Contact Phone Number** | **Mobile** | **Work** |

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

|  |  |  |
| --- | --- | --- |
| **Current Position**  *(Please tick appropriate box. Note: We are unable to accept applications from doctors working in other grades)* | **Specialty Dr**  **Staff Grade** | **Associate Specialist**  **Specialist Grade** |

|  |  |
| --- | --- |
| **Specialty** |  |

|  |  |
| --- | --- |
| **Employing Trust** |  |

|  |  |
| --- | --- |
| **Contract Type** |  |

|  |  |
| --- | --- |
| **No. of Sessions** |  |

|  |  |
| --- | --- |
| **Please give a brief**  **description of your**  **current job, roles**  **and responsibilities and your career aspirations** |  |

**SECTION 2 – COURSE DETAILS AND FUNDING REQUIRED**

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| **Course/Activity Title** |  |

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

|  |  |
| --- | --- |
| **Dates(s)** |  |

|  |  |
| --- | --- |
| **Brief description of the**  **course**  **(A programme for the**  **course must be submitted with the application)** |  |

|  |  |
| --- | --- |
| **Funding required** | **Course Fee:**  **Accommodation:**  **Travel:**  *(Travel and accommodation costs will only be approved for courses outside the NW region, to a maximum of 50% of the total cost)* |

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

|  |  |
| --- | --- |
| **Other sources of funding/amount** |  |

|  |  |
| --- | --- |
| **Have you utilised your full study leave budget from your trust for this year?** *(Please tick appropriate box.)* | **Yes No**  *(SAS Development Funding is only available if you have used your trust study leave budget fully.)* |
| **Give details of how you have used your trust study leave budget for this year** |  |

|  |  |
| --- | --- |
| **Have you been granted time off to attend this course?** |  |

|  |  |
| --- | --- |
| **Is this activity part of your approved PDP?** |  |

**SECTION 3 – EXPECTED BENEFITS OF THE COURSE**

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| --- | --- |
| **How will this course**  **contribute to your**  **career development?**  **e.g. Will it help you to achieve extended Clinical, Managerial or Education Roles?**  **(If Yes, give details)** |  |
| **Will it help to support a successful CESR (Portfolio pathway) application?**  **(If Yes, give expected CESR submission date)** |  |
| **How will this course benefit service delivery/ your Patients/ your Department/ your Trust/ the wider NHS?** |  |

The information I have provided in this application and the supporting paperwork is true and complete to the best of my knowledge. On completion of this activity 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 this fund and to help ensure the successful development of SAS doctors in the region.

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| --- | --- |
| **Signed**  **(Applicant)** |  |
| **Name** | **Date** |

**SECTION 4 - SAS TUTOR/LEAD AND CLINICAL DIRECTOR AUTHORISATION**

As SAS Tutor/Lead and Clinical Director/Supporting Clinician we:

* Will support the applicant in undertaking this training activity.
* Can confirm that the applicant will be released to attend this training.
* Support this application for funding in accordance with the SAS Development Fund *‘Funding Principles and Guidance’.*

|  |  |
| --- | --- |
| **Signed**  **(Clinical Director/**  **Supporting Clinician)** |  |
| **Name** | **Date** |

|  |  |
| --- | --- |
| **Signed**  **(SAS Lead)** | **Date** |
| **Name** | **Date** |

|  |  |
| --- | --- |
| **Any additional comments you have in support of this application** |  |

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)