

Name of Applicant:

Module/Programme of study to be undertaken

No of credits

Academic Level

### Managers Authorisation - to be completed by your line manager

I confirm my support for the above named to attend this module/programme of study

Name (please print)

Job Title:

Employing Authority:

Place of Work:

Email:

Contact No:

Signature:

Date:

### PLEASE COMPLETE THE RELEVANT FUNDING SECTION BELOW - TRUST/COMMUNITY INTEREST COMPANIES EMPLOYEES MUST SEND THIS FORM TO BE SIGNED BY THE TRAINING & DEVELOPMENT DEPARTMENT

#### Part A) Health Education England (HEE) Funding:- confirmation of access to the Workforce Development funding

Trust/Employer:

Name (please print)

Job Title:

Email:

Contact No:

Signature:

Date:

**Please indicate the number of the staff group for WD funding (MUST BE COMPLETED) :**

**1.Nursing & Midwifery 2.Allied Health Professionals 3.Clinical Support Staff (inc Healthcare Assistants) 4.Multi Disciplinary**

**5.Management 6.Healthcare Scientists 7.Admin & Estates staff 8.SAS Grade Doctors 9.Physicians Associate**

**10.Other scientific, therapeutic and Technical staff**

#### Part B) Employer/sponsored funding:- confirmation for payment of fees by

Name of Sponsor:

Address including postcode (for invoice)

Name:

Job Title:

Email:

Contact No:

Signature:

Date:

Amount: £

Purchase order no:

#### Part C) Self Funding:- I confirm that I am responsible for paying the tuition fees for my study

Name (please print)

Email:

Contact No:

Signature:

Date: