**DEPARTMENT OF PSYCHIATRY**

**STAFF DEVELOPMENT FUND APPLICATION FORM**

Please refer to the Staff Development Fund guidance notes before completing this form.

Please complete electronically. All fields are expandable

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| (1) Your name: |
| (2) Your job title: |
| (3) Your line manager: |
| (4) Purpose for which funding is sought (Please give details of the course/training activity, including course provider, course content, web-link to course etc): |
| (5) Rationale for the funding request. Please include:   * how the course will help you to develop within your role and/or be of broader benefit to the department * where relevant, why an internal course is not available or suitable * how you will share the learning from the course with colleagues (where possible and appropriate): |
| (6) Date(s) of proposed activity (if relevant): |
| (7) Total cost of proposed activity: |
| (8) Total amount requested from the Staff Development Fund (max £500): |
| (9) Have you exhausted all other potential funding opportunities, including via your line manager:  Yes  No |

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| **For your line manager** |

I certify that no other source of funding is available, and that I fully support this application.

Signature of line manager ………………………………………….……………… Date ………………………….

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| **For department use** |
| Considered by Education and Training Committee on (date): |
| Request Approved:  Yes  No |
| Reasons for declining to fund the request: |