**Application form for Cornwall Training Hub Funding**

Eligibility

As part of our career development offer for practice staff in non-clinical roles, Cornwall Training Hub has a limited budget available to support development. Applicants are able to apply for up to 50% of non-clinical training costs up to a maximum of £1,000 per individual. This offer is available to those in non-clinical roles to support their CPD. As funding is limited, applications will be considered on a first come, first served basis and the offer will end when the money has been spent, or at the end of July 2021 (whichever is sooner).

To be eligible, applications must relate to the provision of education and training, and respond to a training need identified within an individual’s development plan or appraisal. Funding will not be provided where the provision of a course is already available through the Primary Care Education Programme, or for the costs associated with completing training, i.e. back-filling, books, equipment or travel and subsistence etc.

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| **Part A:** To be completed by the Learner: | | | |
| Name: |  | | |
| Job Role: |  | | |
| Practice: |  | | |
| Email Address: |  | | |
| Contact Telephone Number: |  | | |
| Please provide details of Education/Training to be undertaken: | | | |
| Name of Course: | |  | |
| Name and details of preferred course provider: | |  | |
| Length of course: | |  | |
| Total cost of education/training | |  | |
| Amount of funding you are applying for (up to 50% of course up to a maximum of £1,000) | |  | |
| What knowledge and or skills will you develop by completing the education/training? | | | |
|  | | | |
| How will you use that knowledge and or skills in your work and practice – please provide specific examples. | | | |
|  | | | |
| How does this development fit with your Practice objectives and priorities over the next 12 months? | | | |
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| By submitting this request, I agree to the following:   * To participate in any evaluation activities * If I withdraw, cancel or fail the course, I may be asked to reimburse all or part of course fees * To provide a case study for promotional purposes of the course I have undertaken and how this has benefitted me in my role. * To provide further follow up information regarding the course and its benefits to my organisation. | | | |
| Signature: | | |  |
| Name: | | |  |

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| **Part B:** To be completed by the Practice Manager / Business Manager/GP Partner | | |
| I support the above application for funding to support education/training. | | |
| Contact Name: |  | |
| Contact email: |  | |
| Please provide supporting comments: | | |
| Signature: | |  |
| Name: | |  |

**Please return completed applications to:**

**Cornwall Training Hub, 1st Floor Cudmore House, Oak Lane, Truro, TR1 3LP or email** [**Kernowhealthcic.workforce@nhs.net**](mailto:Kernowhealthcic.workforce@nhs.net)