

**Support For Development APPLICATION**

***(Fully COMPLETE ALL BOXES or indicate N/A where not applicable)***

**Before applying** for funding, it is your responsibility to **explore whether an apprenticeship is available** that could meet this need. Information about [apprenticeships available within NHSBT can be accessed here](https://nhsbloodandtransplant.sharepoint.com/sites/Apprenticeships9/SitePages/Our-Apprenticeships.aspx). If you can’t find what you are looking for, you can also contact Apprenticeship Team via HR Direct. **Only continue with this form once it is established that a suitable apprenticeship is not available.**

If your support for development activity involves **under-graduate or post-graduate research projects**, complete the **Research Project Support Application Form** (**FRM7265)** to **seek approval from the Research Governance Office.**

Also note as part of this application, **consideration is not given to any request where mandatory learning or PDPRs are not up to date at the time of application**.

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| **APPLICANT’S DETAILS** | |
| **Full Name:** |  |
| **Job Title:** |  |
| **Assignment No:** |  |
| **Department and Directorate:** |  |
| **Centre/Base:** |  |
| **Work Contact No:** |  |
| **Pay Band:** |  |
| **Start date in existing role:**  **(The applicant must have been in their current role for a minimum of 12 months)** |  |
| **DEVELOPMENT ACTIVITY** | |
| **Course Title:** |  |
| **Start date:**  **(Funding is not available for retrospective applications)** |  |
| **Duration of Activity:** |  |
| **Funding per year:** | **£** |
| **Total funding:** | **£** |
| **Development Activity Provider name & address:** |  |
| **Qualification on successful completion of programme (i.e. Degree, Masters etc.):** |  |
| **Time off work required (if any):** |  |
| **Mode of Study (onsite, online, part-time, full-time etc):** |  |

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| **ESTIMATED EXPENSES (to be completed by the applicant)** | | |
| **Accommodation:** | **£** | All expenses must be included before the application will be considered. Travel and accommodation costs will be charged to the employee’s departmental budget and therefore must be agreed with your line manager & budget holder in advance of this submission. |
| **Travel Fares (incl. flights & charges):** | **£** |
| **Expenses (meals):** | **£** |
| **Other (give details):** | **£** |
| **Total:** | **£** |

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| **DEVELOPMENT ACTIVITY DETAILS** | *For information – this box will expand as you type* |
| Provide a brief description of development activity. |  |
| All requests for support must be vital to your development in role or future roles/progression. Provide details of how this development will support your current job and/or your potential career development? |  |
| All requests for support must be in pursuit of delivering our organisational strategic objectives. Provide details of the organisational strategic goal this specific development supports? |  |
| Applicant signature and date: | Insert digital signature or include email chain from applicant to manager with your submission. |

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| **Manager’s supporting statement** | *For information – this box will expand as you type* | | |
| Please check the box to the right to confirm that there is an in-date PDPR for this applicant that identifies this development opportunity as being required. Do not submit the form unless mandatory training compliance is met. | | |  |
| Please check the box to the right to confirm that this applicants Mandatory Training is up to date or that they are booked onto a relevant course to achieve full compliance. Do not submit the form unless mandatory training compliance is met. | | |  |
| How are the subjects covered in this course relevant to the applicant’s current job and/or to their potential career development? |  | | |
| Is this development Vital or Non-Vital  (Refer to policy for criteria). | Vital? |  | |
| Non-Vital? |  | |
| How does this development opportunity link to supporting the delivery of NHSBT’s strategic goals? |  | | |

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| **APPLICATION APPROVAL PROCESS** | | | | |
| To progress this application to the next stage please provide details of the approvers below: | | | | |
| **Manager’s Name:** | |  | | |
| **Managers Role:** | |  | | |
| **Manager’s Signature and date:**  *(Refer to note below in column C - funding over £1000)* | | *Insert digital signature or include email chain from applicant to manager with your submission.* | | |
| **Budget Manager/ Assoc Medical Director Name:** | |  | | |
| **Budget Manager/ Assoc Medical Director signature and date:** | | *Insert digital signature or email chain from applicant to manager to budget holder with your submission.* | | |
| **SENIOR MANAGEMENT TEAM** | | | | |
| **Funding Route – How will the application be funded?** | | Funded by the Directorate (provide cost centre)  **Cost Centre:** | | |
| Request for funding from Corporate Budget | | |
| **Level of funding approved by Senior Management Team** | | Vital – 100%  Non-Vital – 75% | | *Include email chain of approvals* |
| **Senior Management Team Named Approver:** | |  | | |
| **Senior Management Team Named Approver Signature and date:** | |  | | |
| **National R&D Manager Name (only applicable to research projects)** | |  | | |
| **National R&D Manager approval signature and date: (only applicable to research projects)** | | *Insert digital signature or email chain from national R&D Manager to applicant.* | | |
| **Overseas travel bookings** If your activity involves overseas travel, please complete the fields below. | | | | |
| **Details of business requirement for activity:**  (Attach copies of any supporting business cases or other details) | |  | | |
| **Destination (city and country):** | |  | | |
| **Departure date:** | |  | | |
| **Return date:** | |  | | |
| **Number of days:** | |  | | |
| **Number of nights:** | |  | | |
| **Full name on passport or photo ID to be used:** | |  | | |
| **Full details of destination:**  **Location/venue address and contact details:** | |  | | |
| **overseas TRAVEL Authorisation** Applications must be approved by the relevant Executive/Director and, if the total cost of travel exceeds £2,000, by NHSBT’s CEO – see below | | | | |
| **Executive/Director name:** | |  | | |
| **Executive/Director signature and date:** | | *Insert digital signature or email chain* | | |
| **cHIEF eXECUTIVE APPROVAL (For Executive Directors Only)**   1. All overseas travel outside the UK by any Executive or Group Director 2. Overseas travel by all other colleagues outside the UK if total cost of travel exceeds £2,000 | | | | |
| **Chief Executive signature and date:** | | *Insert digital signature or email chain* | | |
| **APPLICATION APPROVAL PROCESS – Final Step!** | | | | |
| If your application is supported by your manager and budget holder, and your mandatory learning and PDPR is up to date, your application should be submitted following instructions in Column A, B or C. | | | | |
| **A** | **B** | | **C** | |
| **Applications under £1000**  Directorate approval decision via SMT  Send form to Budget Manager and complete [Support for Development Reporting Tool](https://app.onlinesurveys.jisc.ac.uk/s/nhsbt/support-for-development-under-1000-reporting-tool) | **Applications for Medics** Send form to [medicalbusinesscoordinator@nhsbt.nhs.uk](mailto:medicalbusinesscoordinator@nhsbt.nhs.uk) | | **Applications over £1000**  **Manager** to submit to SMT to agree funding route and then send form to include approvals to [hrdirect@nhsbt.nhs.uk](mailto:hrdirect@nhsbt.nhs.uk) | |



