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| --- | --- | --- | --- |
| This form should be used for all applications to be considered for funding from the HEKSS SAS Doctors’ Development Fund.  The purpose of the SAS Doctors’ Development Fund is to provide special financial assistance to individuals by way of a contribution towards the cost of carrying out a course of study or project, for the purpose of enhancing their contribution to service delivery. This could include aspects of additional training and experience towards CESR route to specialist registration.  All doctors working in substantive Staff Grade, Specialty Doctor and Associate Specialist (SAS) contracts within the NHS are eligible to apply. Please read the guidance notes in Appendix 1, before completing the form.  The Application Form should be fully completed, including sponsoring support from Clinical Supervisor and SAS Tutor where applicable.  This funding is additional and complementary to the normal study leave funding, provided by employers. Any courses which would be expected to be covered by study leave, or that would be considered to be mandatory training by employers, should continue to be applied for in the usual way.  **Incomplete applications will be returned to the applicant resulting in an inevitable delay in processing.** | | | |
|  | | | |
| **For Office**  **Use Only:** | **Reference No:** | **Received:** | **Panel Date:** |
|  |  |  |

 

**EKHUFT**

HEKSS SAS Doctors Development Fund

Application Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1a Personal Details** | | | | |
| Title: |  | Job Title: |  | |
| First Name: |  | Surname: | |  |
| Home Address: |  | | | |
| Work E-mail Address: |  | | | |
| Daytime Telephone No.: |  | Mobile Telephone No.: | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1b Employment Details** | | | | | | |
| Current Site: |  |
| Current Grade (must be substantive contract on SAS terms and conditions of service |  | Specialty: | | |  | |
| Date appointed to current post: |  | | | | | |
| Main roles: briefly describe your clinical work or other practice on a week to week basis and the type of caseload and other work you manage |  | | | | | |
| Is this expected to change significantly in the next two years? | Yes | | No | | | |
| If yes, please indicate how |  | | | | | |
| **Section 2 – Contact with Clinical Supervisor \*We would strongly recommend that you contact your Clinical Supervisor and have them review and support your application before submission** | | | | | | |
| Have you consulted with your Clinical \Super about this application? | | | | Yes | | No \* |
| Has your local Clinical Supervisor reviewed your application form prior to signing it before supporting your application? (please request them to complete section 7) | | | | Yes | | No \* |

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| --- | --- | --- |
| **Sections 3a – Application type A – CESR for Doctors – only applicable to Doctors who have had a response from the GMC regarding their application.** | | |
| If Yes, please provide details:  Date of CESR Application submitted:  Response from GMC:  (copy of response from GMC to be attached) | Date of Application. | Click here to enter a date. |

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| **Section 3b – CESR related development needs** | | | | |
| Is this application to support a current CESR undertaking for secondment or experiential learning to achieve a curriculum competency? (If No, please go now to section 4)  If Yes, please provide details of development requirement and approximate costs | **Yes**  No | | | |
| **Section 4 – Non CESR related experiential or development activity** | | | | |
| 4.1 Please describe the activity for which you are seeking funding | | | | |
|  | | | | |
| 4.2 Please confirm the expected start date  (*note: retrospective applications cannot be approved)* | | |  | |
| * 1. Is this activity reflected on your  Personal Development Plan? | | | Yes | No |
| 4.4 In what way is this activity different to that supported by local study leave? | | | | |
| 4.5 Will this activity enable you to deliver a new service or practice?  (If No, go to 4.7) | | | Yes | No |
| If Yes, outline a brief description of this new service below | | | | |
|  | | | | |
| 4.6 Indicate which manager you have discussed this with. If a new service clinical or managerial service, you should have discussed this with your Clinical Supervisor or Service Lead or equivalent.  If a new delivery of educational service, you should have discussed this with your SAS Tutor OR DME. | | Name of Service Leads:    Name of SAS Tutor:  Name of DME: | | |

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| --- | --- |
| 4.7 In what other way(s) than detailed in 4.4 would the experience and/or knowledge gained from this activity:  *Note: especially in the case of academic courses or didactic courses, a detailed explanation of the practical difference to your PRACTICE and PATIENTS that this course will deliver should be given.* | |
| a) benefit your clinical practice? |  |
| b) benefit the team, service or department you work in? |  |
| c) benefit the patients you care for? |  |

|  |  |  |
| --- | --- | --- |
| **Section 5 – Funding details** | | |
| Breakdown of Costs for funding required  (full estimates required –please attach) | Course fees |  |
| Total Funds Requested: |  | |

|  |  |
| --- | --- |
| **Section 6 – Declaration** | |
| I declare that the information given in support of my application, including information on this form and any appendices, is to the best of my knowledge and belief true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, particularly on additional funding received, any funding approved by the SAS Doctors’ and Dentists’ Professional Development Funding Panel may be withdrawn. | |
| Signed: |  |
| Date: |  |

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| --- |
| **Section 7 – Clinical Supervisor - Additional Supporting Information** |
| Please provide any additional information in relation to this application, which you feel the funding panel would benefit from knowing – to be completed by the Clinical Supervisor |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Clinical Supervisor Signature: | | |  | | | | | | |
| Date: | | |  | | | | | | |
| **Section 8 Service Approval – Service Lead/Clinical Director (where applicable)** | | | | | | | | | |
| 8.a.1) Where relevant and in relation to section 3 or 4, please detail the discussed additional or new educational or clinical service that you believe this application will support. | | | | | | | | | |
|  | | | | | | | | | |
| 8.a.2) The planned above service development is significantly dependent upon the training to be funded through this application | | | | | Yes | | No | | |
| 8.a.3) The additional/new service is expected to commence (please provide date) | | | | |  | | | | |
| 8.a.4) I can confirm that this individual will be supported to develop this service on completion of their learning | | | | | Yes | | No | | |
| 8.a.5) I can confirm this individual will be released for this learning | | | | | Yes | | No | | |
| 8.a.6) Any additional comments about your support of this application | | | | | | | | | |
|  | | | | | | | | | |
| Signature and email | |  | | | Email | | | | |
| Print Name: | |  | | | Title: | | | |  |
| Date of receipt of application & date of signing | | Date received | | | Date signed | | | | |
| Department Address and contact telephone: | | Address | | | Telephone | | | | |
| **8 b) SAS Tutor or Director of Medical Education** | | | | | | | | | |
| 8.b.1) I support this application | | | | Yes | | | | No \* | |
| 8.b.2 ) Any additional comments about the suitability of this application  \* please also state any reason for non-support | | | | | | | | | |
|  | | | | | | | | | |
| Signature and email |  | | | | Email | | | | |
| Print Name: |  | | | | Title: |  | | | |
| Date of receipt of application & date of signing | Date received | | | | Date signed | | | | |
| Telephone: |  | | | | | | | | |

Appendix 1

**SAS Doctors Development Funding at HEKSS - Guidance**

1. Round 1 development funding bid application will open for one month between April/May annually. Round 2 will open in October subject to demand.
2. SAS funds are to be used in addition to the normal study leave budget of the Trust and are not meant to be a replacement for that.
3. The use of funds can be a combination of HEKSS and Trust-based activities.
4. It should generally be used to fund for specific career development opportunities as opposed to maintaining current professional practice, which should be funded by the Trusts’ study leave budget. So conference attendance would not normally be funded.
5. The SAS Doctors funding will be subjected to strict and regular scrutiny measures.
6. The SAS Tutors/ Trust Leads should discuss the priority of allocation of funding with the SAS doctors and any special needs/ developmental requirements should be in keeping with the departmental and Trust objectives. DMEs should be kept up to date with the local requirements.
7. Allocation is not generally for the individual SAS doctors, which allows the funds to be used more flexibly.
8. This funding is to be used for the development of Staff Grade doctors, Specialty Doctors and Associate Specialists who are in substantive posts.
9. This funding is not for locum posts.
10. The SAS Tutors/ Trust Leads, in consultation with the SAS doctors in their Trusts can organise local study days and courses which would be offered to SAS doctors in the region.

**Top up training and CESR (Article 14) application support**

1. The application from individual doctors requesting support from HEKSS needs to be supported by the local trust and letter of support from DME and Medical Director will be required.
2. Letter from the GMC outlining what training requirements are specifically needed will also have to be submitted along with the application.
3. In all cases advice may be sought from the HEKSS SAS advisory group (who will advice on the feasibility of the application). Where required further advice from Head of School may also be sought.
4. Where HEKSS agrees to support, funds can only be released only on the basis of matching funds from the employer (applies to article 14 top up funds only).
5. Funds will always be paid to the employer not to the individual and overseas travel and accommodation will not be funded.

**The following categories are usually not funded by HEKSS from SAS Developmental funds**

1. Fees for Article 14/CESR applications
2. Travel expenses including substinence allowances and overseas courses
3. Back fill for posts
4. Courses which are funded centrally by HEKSS
5. ATLS/APLS/Paediatrics life support courses (not an exhaustive list)- these are usually through trust funds
6. MSc courses - the SAS doctor and the trust need to be aware that funding is only for one year. There should not be an expectation that funding will follow in subsequent years as it is subject to the allocation of future funding
7. In accordance to guidance from COPSAS group, Developmental funds are restricted to doctors in the SAS grade, which includes Staff Grade, Associate Specialists and Specialty doctors and cannot be extended to other non-standard grades or trust appointments
8. Leadership courses which are already delivered by HEKSS
9. RCP Educational Supervisor Training (formerly known as QESP) which is delivered in conjunction with HEKSS