**SuppoRTT Form 4 – Request for**

**Funding Approval**

**Please read the information below carefully before completing this form**

1. Reimbursements are made by the Employing Trust ***after*** the costs have been incurred. HEE will reimburse the Employing Trust through the LDA.
2. This form is used to confirm the elements of your Supported Return to Training package that will be funded and must be submitted by your College Tutor or Training Programme Director to your local postgraduate department.
3. Approval must be sought prior to any activity taking place by your TPD/College Tutor.
4. After attendance at each Course/Conference/Event, the trainee must provide evidence of attendance to their Employing Trust for reimbursement.
5. Hand written forms will not be accepted.

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| **Trainee Name**  |  | **GMC Number** |  |
| **Name of Person Completing this Form** |  | **Role of Person Completing this Form** |  |
| **Training Programme** |  | **Grade at time of leaving**  |  |
| **Absence start date** |  | **Anticipated end date** |  |

|  |  |
| --- | --- |
| **Reason for Absence** |  |

|  |  |
| --- | --- |
| Request for Enhanced Supervision – payment of returning Trainees basic salary for 2 weeks | [ ] Yes [ ] No |
| Dates of Enhanced Supervision and name of Educational Supervisor *(Please note: HEE are unable to fund Locum Costs and payment received for this supernumerary period will be equal to Trainees Salary in that time)* |
| Request for funding for attending relevant return courses*Each course must be listed with details of the cost and receipts/evidence of attendance attached*  | [ ] Yes [ ] No |
|  |
| Request for a contribution towards childcare to facilitate attendance at KIT/SPLIT Days*Each request must be accompanied by a receipt / invoice*  | [ ] Yes [ ] No |
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| **Request for reimbursement of reasonable standard travel expenses incurred by the trainee** | [ ] Yes [ ] No |
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| **Request for any other relevant funding** **Please detail the event / course / training including the cost and receipts/evidence of attendance attached** | [ ] Yes [ ] No |
|  |
| **Total Cost of Funding Required:** | £ |

**Trainee declaration**By inserting my name below, I confirm that the information provided is correct and I have not made any other claim for the expenses listed in this application. I understand if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. This may result in disciplinary action and referral to the GMC.

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| **Trainee Name** |  | **GMC Number**  |  |

**TPD or College Tutor declaration**

By submitting this document from an NHS email address, I confirm that I have discussed and agreed to this activity in the individualised SuppoRTT plan with the trainee and I confirm that I will facilitate the return to clinical practice.

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| **TPD/College Tutor** |  | **GMC Number**  |  |

|  |  |
| --- | --- |
| **Approved Full** **(state amount)** | [ ] Yes [ ] No |
| **Approved Partial** **(state amount)** | [ ] Yes [ ] No |
| **Declined** **Include Reasons** | [ ] Yes [ ] No |