**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 TPD/ES to HEE-EM at SuppoRTT.em@hee.nhs.uk
3. Approval must be sought prior to any activity taking place by your TPD/ES.
4. After attendance at each Course/Conference/Event, the trainee should make a claim for expenses to their Employing Trust as per the usual process, providing evidence of attendance for reimbursement.
5. Please note that we are unable to pay (nor organise) the salary costs of KIT days – this is the responsibility of the employer.

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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** |  |

|  |  |
| --- | --- |
| 1. **Request for Enhanced Supervision** – payment of returning Trainees basic

salary for 2 weeks (no locum costs) | [ ] Yes [ ] No |
| Dates of Enhanced Supervision and name of Educational Supervisor  |
| 1. **Request for funding for attending relevant return courses**

*Each course must be listed with details of the cost and receipts/evidence of attendance attached - once you have attended the course please make an expenses claim through your local trust/Lead Employer* | [ ] Yes [ ] No |
|  |
| 1. **Request for a contribution towards childcare to facilitate attendance at KIT/SPLIT Days**

*Each request must be accompanied by a receipt / invoice*  | [ ] Yes [ ] No |
|  |
| 1. **Request for reimbursement of reasonable standard travel expenses incurred by the trainee**

*Each request must be accompanied by receipts* | [ ] Yes [ ] No |
|  |
| 1. **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 |