**SuppoRTT Form 4 – Request for Funding Approval**

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

1. This form is used to confirm the elements of your Supported Return to Training package that will be funded and must be supported by your Training Programme Director, Educational Supervisor or SuppoRTT Champion.
2. Approval must be sought prior to any activity taking place by your TPD/ES or SuppoRTT Champion who should sign the form.
3. Once the form is completed and signed by the doctor in training, it should be returned to the SuppoRTT Team at SuppoRTT.em@hee.nhs.uk
4. The Doctor in Training should then prospectively add details of the course to Accent Leave Manager at [Accent - Sign-In (hicom.co.uk)](https://accent.hicom.co.uk/Portal/Live/Web/) (support with making a study leave expense claim can be found on our website at [Health Education England, East Midlands Study Leave | Health Education England East Midlands (eastmidlandsdeanery.nhs.uk)](https://www.eastmidlandsdeanery.nhs.uk/policies/study_leave))
5. After attendance at the Course/Conference/Event, the Doctor in Training must provide evidence of attendance and payment to their local study leave officer/GP Programme Manager when making a claim for reimbursement.
6. Reimbursements are made by the Employing Trust or the Lead Employer ***after the study leave officer/GP Programme Manager has processed the claim.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor in Training 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 funding of external course fee(s)***Each course must be listed with details of the cost. Courses must be essential to the return to training. Exam revision courses will not be funded.*  | [ ] Yes [ ] No |
|  |
| **Request for a contribution towards childcare to facilitate attendance at KIT/SPLIT Days***Each request must be accompanied by a receipt / invoice from the childcare provider* | [ ] Yes [ ] No |
|  |
| **Request for reimbursement of reasonable standard travel expenses incurred by the Doctor in Training** | [ ] Yes [ ] No |
|  |
| **Total Cost of Funding Required:** | £ |

**Doctor in Training 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor in Training Name** |  | **GMC Number**  |  |

**TPD, Educational Supervisor or SuppoRTT School Champion 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **TPD/ES/SuppoRTT Champion Name** |  | **GMC Number**  |  |

**CLAIMING BACK SuppoRTT EXPENSES PROCESS**

Doctor in Training completes Form 4-Funding Request Form, obtains Supervisor signature and returns to the SuppoRTT Team

Doctor in Training prospectively adds the study leave expenses request to Accent Leave Manager

The claim is approved on Accent Leave Manager by the Doctor in Training’s nominated approvers.

After the Doctor in Training attends the activity, they submit an expenses claim to their local study leave co-ordinator (if working in a Trust) or GP Programme Manager (if working in a GP Practice)

The Doctor in Training will be paid through their Trust Payroll (or via the Lead Employer Payroll for GP Doctors in Training)

The local Study Leave Co-ordinator/GP Programme Manager will process the claim