

SuppoRTT Funding Request Form

This form covers expenses for the following:

- Funding for Enhanced Shadowing Periods
- Funding for SuppoRTT Expenses

Please read the information below carefully before submitting this form:

1. Funding for enhanced shadowing periods

- a) HEE-EM will reimburse returning Trainees basic salary for 10-80 hours of enhanced shadowing. The agreed amount will vary depending on individual need and budgetary review. The money will not be used for prolonged periods of supernumerary work.
- b) HEE-EM will not reimburse out of hours/on-call costs during this period (as additional banding) but the Trainee may wish to use some funded hours for work at a time that is appropriate to the return to work journey e.g. evening work in Paediatrics

2. Funding for SuppoRTT expenses

- a) HEE-EM will reimburse the cost of an external approved course that is not available locally, via pre-existing courses or return to practice days. The course must be discussed with your TPD/College Tutor at least 3 months in advance and forms submitted to HEE-EM at least 4 weeks prior to the start of the course. Late or retrospective applications may be declined.
- b) HEE-EM will reimburse the cost of childcare to allow Trainees to attend KIT/SPLIT days. KIT
- c) HEE-EM will reimburse reasonable travel expenses for KIT/SPLIT days in line with the Trust's travel expense policy.

General Information:

- This document is your application for approval of funding, <u>not</u> an expenses claim form. Reimbursements are made by the employing Trust *after* the costs have been incurred. You will need to follow the Trust's usual expenses claims process and seek reimbursement from them. Please provide our referral number (if known) and let them know that you are making a "SuppoRTT claim that will be reimbursed by HEE"
- Forms should be typed where possible.
- Signatures from both Trainee and Trainer are taken as confirmation by PSU that the contents have been discussed and agreed by both parties.
- Please ensure all costs are entered onto the form, even if you are unsure of the exact amount. We cannot reimburse your trust if we do not have the costs.
- Once the form is signed, please scan your form and email to the following email address: <u>suppoRTT.em@hee,nhs.uk</u>
- All fields are mandatory and should be completed unless otherwise stated. Any forms missing information will be returned.



East Midlands SuppoRTT Funding Request Form

Our Ref:

Surname Enter Name

First Name Enter Name

Grade Choose Grade

Training Programme/Specialty Enter Training Programme

Email Address of Supervisor Enter Email Address

GMC Number Enter number

Reason for Time Out of Training Enter Reason

Return to Practice Date (if known) Click to enter a date.

Request Type Select a reason

Cost (of expenses/shadowing) Enter cost

(NB - If shadowing, provide trainee salary cost which equates to number of hours of shadowing, e.g. – use trainees' gross annual salary to work out trainee salary cost per day or week and multiply by number of days/weeks shadowing). This figure <u>must</u> be provided so we can reimburse the Trust.

Date of Course (if applicable) Enter date (if applicable)

Location of Course (if applicable) Enter location (if applicable)

Signature of Educational Supervisor Signature

Signature of Trainee Signature

Date Form Completed Enter date

Please fill in the form with as much information as you have and complete all boxes (even if unknown). PLEASE REMEMBER TO 1) UPLOAD FORM TO YOUR e-PORTFOLIO, 2) EMAIL FORM TO YOUR TPD/and/or COLLEGE TUTOR and 3) EMAIL FORM TO THE SuppoRTT TEAM AT suppoRTT.em@hee.nhs.uk