Staff Development Fund  
**Application Form**

Please refer to the policy on the Staff Development Fund before completing this form.

Please complete electronically. All fields are expandable

Please attach a copy of: (i) the conference and/or training course programme and registration forms (including dates, location, registration fees etc.) and

(ii) your abstract

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| --- | --- | --- | --- | --- |
| (1) Your name: | | | | |
| (2) Your line manager: | | | | |
| (3) Purpose for which funding is sought: | | | | |
| (4) Date(s) of proposed activity (if relevant): | | | | |
| (5) Title of the course, conference or paper: | | | | |
| ***If you are seeking funding for a conference, please complete questions 6 & 7 below*** | | | | |
| (6) I am: | the presenter | | | not the presenter |
| (7) Has your abstract been accepted?  Yes  No  Not applicable  If ‘Yes’ please attach confirmation of acceptance. If ‘No’ give likely date of notification here: | | | | |
| ***Budget*** | | | | |
| (8a) Approximate cost: | | | | |
| Conference/course registration/Open Access fee | | £ |  | |
| Travel, if relevant (give details) | | £ |  | |
| Accommodation, if relevant (give details) | | £ |  | |
| Any other costs not named above (give details) | | £ |  | |
| **Total** | | **£** |  | |
| (8b) Have you exhausted all other potential funding opportunities, including via your line manager:  Yes  No  If ‘Yes’ please give details and annex evidence (e.g. emails to/from line manager): | | | | |
| (9c) If departmental funding is not sought for the full cost, what is the amount requested: **£**  Will other sources of funding be used?  Yes  No  If ‘Yes’ please give details: | | | | |

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| ***Other activities funded during your employment with NDPCHS*** |
| (10) Have you received financial support for any other research activities (including conferences, training and Open Access costs) during your employment with NDPCHS?  Yes  No  If ‘Yes’ please give dates and source of funding: |
| **For your line manager** | |

I certify that no other source of funding is available, and that I fully support this application

Signature of line manager ………………………………………………………………………………………………………………………

Date

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| **For department use** | | |
| Signature of Head of Administration & Finance ……………………………………………………………………………………………………………  Date  …………………………………………………………………………………………………………… |  |  |