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 applicableIf ‘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 [ ]  NoIf ‘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 [ ]  NoIf ‘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 [ ]  NoIf ‘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…………………………………………………………………………………………………………… |  |  |