

ACUTE SERVICES DIVISION

**FORM SL2**

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| **APPLICATION FOR FURTHER EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1** *Please print details clearly* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | Designation: | | | | | | | | | | | | | | | | | | |
| Ward/Dept: | | | | | | | | | | | | | | | | | | Directorate: | | | | | | | | | | | | | | | | | | |
| Hospital: | | | | | | | | | | | | | | | | | | Work Tel No.: | | | | | | | | | | | | | | | | | | |
| Pay Div: | Pay Division | | | | Pay Group | | | | | Pay Point | | | | | | | | Pay (8 digits):No. | | | |  | | |  |  |  | | |  | |  | | |  |  |
|  | |  | |  | | |  | |  | | |  | | | | |
| **Section 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Degrees and Professional Qualifications | | | | | | | | | | | | | | | | | | | Year obtained | | | | | | | | | | | | | | | | | |
| Professional Membership | | | | | | | | | | | | | | | | | | | Year obtained | | | | | | | | | | | | | | | | | |
| **Section 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Module (s) to be funded (please tick box): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Module Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Credits | | | | | Tick Please | | |
| MMB723442 Applied Pathophysiology for Advanced Practice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 | | | | |  | | |
| MMB724202 Advanced Clinical Assessment and Decision Making in Acute and Primary Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 | | | | |  | | |
| Work-Based Advanced Skills and Innovative Practices Work Based Learning) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 | | | | |  | | |
| Advanced Research Methods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 | | | | |  | | |
| MMB721798 Non-Medical Prescribing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 | | | | |  | | |
| MMB723473 Recognition and Management of the Acutely Unwell Adult | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 | | | | |  | | |
| Name of College/University/Provider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paid leave required? | | | | YES | | |  | | NO | |  | Total number of days paid leave requested | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Section 4** Method of Study *(Please tick appropriate box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day Release | |  | | | | Correspondence/Open/Distance Learning | | | | | | | |  | | | | | Evening Classes | | | | |  | | | | Block Release | | | | |  | | | |
| Have you had previous support for this, or any other course? | | | | | | | | | | | | | | | YES |  | | | | NO |  | | (If YES, Please give details below) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you be seeking financial assistance from any other body? | | | | | | | | | | | | | | | YES | |  | | | NO |  | | (If YES, Please give details below) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enrolment date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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| **Section 5 COSTS** *(must be as accurate as possible)* | | | | | | | | | | | | |
| Course Fees *(including VAT) £ \_\_\_\_: \_\_\_*  Other costs *(please specify) £ \_\_\_\_: \_\_\_*  *Registration Fees £ \_\_\_\_: \_\_\_*  *Total Examination Costs £ \_\_\_\_: \_\_\_*  **TOTAL COSTS** *£ \_\_\_\_: \_\_\_* | | | | | | | | | | | | |
| (Any claim in excess of the above amount must be referred to the Budget Holder before any reimbursement can be made) | | | | | | | | | | | | |
| I CONFIRM THAT I WILL NOT ENROL ON THIS COURSE UNTIL APPROVAL HAS BEEN RECEIVED | | | | | | | | | | | | |
| **Applicant’s signature** | | | | | | | | | | | **Date** | |
| I AGREE THAT THE DIVISION MAY REQUEST ATTENDANCE & RESUT RECORDS FROM THE INSTITUTION PROVIDING THE COURSE OF STUDY.  *(Please Note: this information will not be requested routinely, and will be held on a confidential basis).* | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | **Date** | |
| **Section 6** | | | | | | | | | | | | |
| Is this request supported? | YES |  | | | NO |  |  | | | | | |
| If the request is supported, please indicate if the course is deemed:  Statutory Mandatory Personal Development | | | | | | | | | | | | |
| Please state what benefitted and expected outcomes can be expected from the applicant undertaking the course. | | | | | | | | | | | | |
| How will the member of staff’s duties be covered during this absence? | | | | | | | | | | | | |
| Head of Department’s/Service Manager’s Name | | | Signature | | | | | | | Date | | |
| **Section 7 DECISION** | | | | | | | | | | | | |
| Has this decision been approved | | | | | YES |  | NO |  |  | | | |
| If YES, is paid leave appropriate: | | | | | YES |  | NO |  |  | | | |
| Has support for additional expenses been requested? | | | | | YES |  | NO |  | Amount £ \_\_\_\_ : \_\_\_ | | | |
| With funding \_\_\_ % which equates to ... … … … … £ \_\_\_\_ : \_\_\_ | | | | | | | | | | | | |
| Funding source: | | | | | | | | | | | | |
| General Manager’s/Budget Holder’s Name | | | | Signature | | | | | | | | Date |