Learning, Education and Development (LED) Funding Application Form

In order to apply for LED funding you will need to evidence that you have an up to date **appraisal**** (undertaken within the last 12 months) complete with **personal development plan** (linked to the e.g. apprenticeship, course, programme etc. you are requesting funding for) and are compliant with all **mandatory and statutory training**. Line managers will need to ensure all **employee appraisals** (they are responsible for undertaking) are up to date.

You will further need to **discuss your application with your line manager** and obtain their support although funding applications can still be considered if support is not provided (speak to Julie Fellows [OD Lead] in the first instance or if preferred contact a member of the Senior Leadership Team). For information, the cost of the LED activity must not be excessive in relation to the benefits to the organisation or employee, and the most cost effective provider/institution must be used. Funding applications cannot be made retrospectively.

Please ensure that all sections of this form are filled out in full as partially completed forms will mean that you don't comply with the LED policy/funding criteria and that your application cannot be processed.

1. Applicant Details	
Name:	Email address:
Job Title:	Extension Number:
Directorate/Department:	
Location, and room number (if applicable):	
CCG Employment Start Date:	Are you a permanent or temporary employee? **Permanent / Temporary** (delete as appropriate)
How many hours are you contracted to work?	If you are a Line Manager requesting funding for yourself, are all your appraisals up to date? **Yes / No** (delete as appropriate)
Are you compliant with all mandatory and statutory training? **Yes / No** (delete as appropriate)	
Date of Last Appraisal:	Line Manager's Name:

2. LED Details	
The LED is **Statutory / Essential / Mandatory / Desirable** (delete as appropriate) **Statutory** = there is a legal requirement for you to complete this **Essential** = this is critical to your role and to the organisation **Mandatory** = the organisation are mandating or directing you to undertake this **Desirable** = it is advantageous to the organisation that you undertake this (this could also be for self-development or career development)	
Is the LED needed to maintain **professional registration**? **Yes / No** (delete as appropriate)	
Type of LED (e.g. apprenticeship, course, programme etc.):	
Title of LED Activity:	
Training Provider/Educational Institution:	
Start Date:	Anticipated End Date:
Full Cost of LED:	Cost Per Year (if applicable):
Additional Costs (e.g. accommodation/travel):	
NB. Funding will only be agreed for one year (unless undertaking an apprenticeship) – a separate application will be needed for subsequent years	

** LED identified during a 1-2-1 should be recorded on your current objective and standard setting form

Do you have the support of your line manager to apply for the LED detailed in section 2?
Yes / No (delete as appropriate)

Is the LED being funded by your Directorate? Yes / No (delete as appropriate)

Please state the amount of study time **needed and agreed** with your line manager (e.g. time off for classroom attendance, apprenticeship studies, additional time to support studies etc.):

NB. When completing an apprenticeship you must allocate **20%** of your contracted worktime to your apprenticeship studies. It is then a requirement that a **work/training plan** is created (and maintained) so that you can evidence to your line manager that all work objectives can still be achieved over the duration of the apprenticeship.

3.   Evidencing Suitability of Your Application

How was this LED activity identified?

Through appraisal / PDP   ☐

1-2-1 with Line Manager   ☐

Own research   ☐

Other (please state):

Please explain how this LED activity will benefit you in your current role i.e. how will you develop? Also, include how this might help support your future career aspirations (if appropriate).

Please explain how this LED activity will impact on or link to your **individual performance/development objectives, team objectives** and also the CCG's **strategic objectives:**

4.   Signatures

Signature of Applicant: Date:

Signature of Line Manager: Date:

NB. By signing this form you are agreeing to pay back to the CCG the full funding for your learning, education and development (excluding apprenticeships) if you do not attend and/or complete your e.g. course/programme. This includes bursaries where the CCG is required to reimburse the funding organisation e.g. the NHS Leadership Academy

If you leave the NHS within a 12 month period of your e.g. course/programme being funded you will be asked to pay back a percentage of the costs on a sliding scale (see LED Policy (2020) for further details including reimbursement exemptions)

5. Monitoring Information

Please include the **Equality Monitoring Form** with your funding application **but as separate document** (see pages 4 and 5).

Next steps …

Please email your completed **LED Funding Application Form** and **Equality Monitoring Form** (as two separate documents) to Julie.fellows2@nhs.net

If you have any queries regarding this process, please contact Julie Fellows, OD Lead on Ext: 39571.

Your funding request will be reviewed by the **CCG's Senior Leadership Team** at the next SLT meeting. You will be notified in advance if it is not possible to include this as an agenda item at the next scheduled meeting.

The SLT's decision will then be made available to you, via the OD Lead, who will inform you of their decision in writing within **10 working days**.

6. To be completed by the Senior Leadership Team

Date of SLT meeting:

Funding approved?   Yes / No (delete as appropriate)

Rationale of decision for approval / non-approval:

Date applicant informed of decision:

All decisions will be made in-line with the LED Policy [2020]

PLEASE EMAIL THIS FORM TO THE OD LEAD BUT AS A SEPARATE DOCUMENT TO THE LED FUNDING APPLICATION FORM

Equality Monitoring Form

To note, you do not have to answer the following questions, however, providing this information will help us with equality monitoring.

What is your sex?

Male	
Female	
Prefer to self-identify	
Prefer not to say	

When were you born?
(For example 29th September 1960)

What is your sexual orientation?

Bisexual	
Heterosexual / Straight	
Lesbian Woman	
Gay Man	
Prefer to self-identify	
Prefer not to say	

Do you consider yourself to have any religion?

Buddhism	
Christianity	
Hinduism	
Islam	
Judaism	
Sikhism	
Other religion	
Atheism / Non-religious	
Prefer not to say	

What is your ethnic background?

Bangladeshi		Black Caribbean & white	
Chinese		Arab	
Indian		Welsh / English / Scottish / Northern Irish / British	
Pakistani		Gypsy or Irish Traveller	
African		Prefer not to say	
Caribbean		Other ethnic group (please provide details below)	
Asian & white			
Black Asian & white			

Do you consider yourself to have a disability?

Yes	
No	
Prefer not to say	

Please tell us the type of disability you have:

Please tell us about any additional support needs:

Thank you for completing this information