# APPLICATION FOR SAS DEVELOPMENT FUND (for SAS doctors only)

Only prospective applications will be considered. This application form should be completed in full.

**Please note that this fund is for your educational / career development in excess of your Trust annual study leave allocation.**

* This form is for costs up to £400. For higher costs, apply via the HEE regional bursary scheme.
* It is your responsibility to make the necessary leave arrangements.
* As much detail about the educational course / conference etc. should be provided.
* You must have departmental approval for the application.
* You must have fully utilised your Trust study leave fund before applying to the SAS development fund. (Please obtain a letter/ email from the administrator of the study leave budget for your division).

**Your completed application form and supporting documents should be emailed to:**

**Helen.Jones3@ouh.nhs.uk** **and** **Aisling.Hennessy@ouh.nhs.uk**

Alternatively, you may send a hard copy to (processing will take longer):

SAS Administrator

George Pickering Education Centre

John Radcliffe Hospital

Headley Way

Oxford

OX3 9DU

01865 (2)21865

**Your application will be assessed by:**

Miss Helen Jones SAS Tutor, OUH

If funds are available, each application will take a maximum of 10 days to be approve.

# APPLICATION FOR SAS DEVLOPMENT FUND (for SAS doctors only)

Only prospective applications will be considered. Please complete in full.

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| --- | --- |
| **NAME****(please print)**  | **GRADE****Associate Specialist / Specialty Doctor** |
| **HOME ADDRESS** | **SPECIALTY** |
| **Contact Phone No.** | **Base hospital** **NOC CHURCHILL HORTON** |
| **Email Address** | **Type of Contract W/T P/T****No. of sessions……..** |
| **Start date at OUH** | **Division****Clinical lead****Divisional Director** |

**COURSE DETAILS**

|  |  |
| --- | --- |
| **Title of Course****(Enclose brochure with details of course and fees)** |  |
| **Location** |  |
| **Date** |  |

**COSTS**

|  |  |
| --- | --- |
|  | **£** |
| **Registration / Course Fees in £** |  |
| **Accommodation Costs in £** |  |

|  |  |
| --- | --- |
| **Travel Costs TOTAL in £** **(itemise below)** | **£** |
| **Train** |  |
| **Petrol – 23p per mile** |  |
| **Air fare** |  |
| **Other** |  |
| **Have you utilised your study leave fund for the current year (please circle)?****Yes / No / Partly utilised / If so how much** **Enclose email / letter documenting use of Trust study leave budget** |

|  |
| --- |
| **Statement – Why do you want to undertake this course?****How will this improve your performance at work/ enhance your practice/ benefit the service and improve patient care?** |

|  |
| --- |
| **I agree that all funds allocated will be utilised solely for the above purpose. I will provide all receipts in due course. I will make the necessary leave arrangements.****Signature of Applicant……………………………….………… Date ……………………** |

|  |
| --- |
| **APPROVAL BY CLINICAL LEAD or CLINICAL or DIVISIONAL DIRECTOR:** **I agree that the above course / conference / meeting / placement will be beneficial to** **Dr ……………………………….. and to the ….………………………… department****Signature………………………………………………………………………..****Name and Designation ………………………………………………….. Date………………** |

**Approved / Not Approved / Part Approved by SAS Education Tutor**

**H Jones……………………………………………………Date ……………………**

If approved, you will claim through **e-expenses** after the course. This requires a PostGrad Education e-expenses account, separate to any departmental e-expenses account you may already have. Details on how to set this up are available from Aisling.Hennessy@ouh.nhs.uk