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| **T1 FORM****TO BE COMPLETED FOR ALL EXTERNALLY PROVIDED TRAINING** |
| Name:  | ESR Number:  | Post Title: t |
| Department Address:  | Phone Number |
| **Service Lines (please tick):** |
| Urgent Care: | ICT: | Specialist Service:  | Community Hospitals: | Corporate: |
| Course Title:  |
| Dates From:  | To:  | No. of Days:  |
| Organising Body:  | Venue:  |
| Is the course accredited? Level & Amount:  | Is a Project or Assignment Required?  |
| **Please indicate which training category (please tick) :** |
| 1) Essential to Role:  | 2) Service Need : | 3) Career Development:  |
| Identified at Appraisal?  | ***PLEASE NOTE ALL TRAINING MUST BE RECORDED ON THE TNA******BEFORE REQUESTS CAN BE SENT TO THE OPS TEAM FOR APPROVAL*** |
| Identified on Current TNA?  |
| **If Career Development an employee contribution will be required (Please Tick)** |
|  | **Amount (please state)** | **To Be Met By Employee** | **To Be Met By Organisation** |
| Course Fees | £  |   |  |
| Travel ExpensesPublic Transport xMileage  | £  |   |  |
| Accommodation Expenses | £  |  |  |
| Time (ie course days and study time)  |  |  |  |
| Do you wish to receive salary deduction form for longer term payment of course fees?  |
| LBR Funding: YES/NO  | Alternative Funding: YES/NO Please Specify if Known: |
| ***Please note that this is not a booking form.******Staff member/manager will still be required to apply for the course once funding has been approved*.** |
| Reason and objective for attending the course: |  |
| How will you cover your absence whilst attending the training: |  |
| Potential impacts/outcomes for the service: |  |
| How will the training improve service quality:   |  |
| How will the training demonstrate value for money: |  |
| How will the training be cascaded to staff and help develop other staff members: |  |
| **Manager’s Comments in support of request:** |  |

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| I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses on this claim. I understand that if I knowingly provide false information this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.**This training is requested & approved in agreement with the Terms and Conditions outlined in The Learning Agreement Checklist and I confirm that a copy of this is held on the Staff’s Personal** *File (Learning Agreement can be found on the unsecure J Drive as follows:)***J:\2019-2020\LCHS\Learning & Development\Learning Agreement, T1, Apprenticeship Commitment Form**Employee Name: Date: |
| Authorising Manager Name:  | Designation:  | Date: |
| Authorising HOC: | Name: | Date: |
| Ops Approval Signature:  | Name:  | Date: |

Once the authorising Manager has agreed training and all details have been completed copies should be forwarded to: T1forms@lincs-chs.nhs.uk

Please note courses should **NOT** be booked until approval from the Ops Team has been received because there is a risk that courses will have to be self-funded if approval is rejected. Once approval has been received a course place should be booked by sending the Booking form to the course organisers. If booking is to be invoiced please ensure that there is a purchase order in place and the course provider is aware of the purchase order number.

 **PROOF OF COURSE ATTENDANCE/COMPLETION CAN BE UPLOADED VIA THE EXTERNAL TRAINING TAB ON ESR IN ORDER FOR TRAINING TO BE RECORDED AND LEARNING HISTORY TO BE UPDATED.**