**SAS Workforce Development Fund**

Health Education Wessex

**Application Form (To Host an Event)**

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| --- | --- |
| **Full Name** |  |

|  |  |
| --- | --- |
| **Address**  **(Including postcode)** |  |

|  |  |  |
| --- | --- | --- |
| **Contact Phone Number** | **Mobile** | **Work** |

|  |  |
| --- | --- |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Current Position** |  |

|  |  |
| --- | --- |
| **Organisation** |  |

|  |  |
| --- | --- |
| **Event Title** |  |

|  |  |
| --- | --- |
| **Event Aim** |  |

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| --- | --- |
| **Event Learning Outcomes** |  |

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| --- | --- |
| **Please give an outline of this proposed event** |  |

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| --- | --- |
| **Event Location** |  |

|  |  |
| --- | --- |
| **Event Date(s)** |  |

|  |  |
| --- | --- |
| **Total No. of Participants** |  |

|  |  |
| --- | --- |
| **Is this event open to all SAS Doctors in Wessex?** |  |

|  |  |
| --- | --- |
| **How will this event be publicised?** |  |

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| --- | --- |
| **Detailed Cost**  *e.g venue hire, refreshments,*  *speakers* |  |

|  |  |
| --- | --- |
| **If training is being provided by an external agency, please provide their full details and explain why this cannot be provided by somebody within Wessex for less cost** | Name:  Address:  Telephone Number:  Email Address: |

|  |  |
| --- | --- |
| **Total funds applied for** |  |

|  |  |
| --- | --- |
| **Other sources of funding and amount**  *If this is a Trust event please state why the Trust are unable to cover the full costs of this and include supporting statement(s) from DME and/or MD and/or CD that learning objectives are in line with Trust workforce development and will improve patient care.* |  |

|  |  |
| --- | --- |
| **How will this event contribute to improved patient care in the Wessex Region?** | Individual SAS development (including Support successful CESR applications) |
| Improved patient care at Service Level |
| Improved patient care at Trust Level |
| Improved patient care through coaching/mentoring to support SAS development & enhance service delivery |
| Improved patient care through improved educational opportunities and support |

* The information provided in this application & supporting paperwork is true and complete to the best of my knowledge.
* On completion of the event I will submit a completed evaluation/feedback form to HEW to help guide the future administration of this fund and to help ensure the successful development of SAS doctors in the region.

|  |  |
| --- | --- |
| **Signed** |  |
| **Name** | **Date** |

Return completed application forms to:

[SASDoctors.Wx@hee.nhs.uk](mailto:SASDoctors.Wx@hee.nhs.uk)

This application will be discussed between the Dean/Associate Dean’s and the outcome fed back to the applicant within 4 weeks of receipt.