# NHSE SE Cancer & Diagnostic funding - application form questions – Cancer funding

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| Submitter's Name |
| Submitter's Email |
| Submitter's Job Title |
| Are you the main person to contact regarding this funding? |
| Main Contact Name |
| Main Contact Email |
| Main Contact Job Title |
| Have you discussed this funding application with your organisation's finance lead and are they in agreement to receive this funding if your application is successful? |
| Finance Lead Name |
| Finance Lead Job Title |
| Finance Lead Email |
| Please confirm that this funding will be spent within the 24/25 financial year |
| Confirmation that the Trust will comply with NHS England's reporting and monitoring requirements |
| Which funding are you submitting an application for? |
| Is this an Individual or group application? |
| How many individuals is this group application for? |
| Learner Name. If you are submitting a group application, please give your group a title |
| Learner Email |
| Learner Job Title |
| Learner Department |
| Agenda for Change (AfC) Band |
| Please indicate when you expect to have Individuals' names and Trusts for this application |
| Learners employing organisation |
| Is this individual an aspiring or existing Chemotherapy Nurse/a new in post or experienced CNS? |
| CDC site name & post code |
| Training Provider |
| Course Title |
| Course Education Level |
| Other course level |
| Course Type |
| Other course type |
| Which pillar of practice will this course upskill the individual the most in? |
| Which competency domain of the ACCEND competency framework does this map to? |
| Which competency domain on the HEE Pathway Navigator Framework does this map to? |
| Is this course Accredited? |
| Course Start Date |
| Course End Date (if known) |
| Which organisation should receive the funding if your application is successful? |
| Do you know the amount of funding that you are applying for? |
| Course Fees |
| Travel, subsistence and associated training costs - If no cost, please input '0' |
| Other Costs (e.g salary support/supervision /back fill) - If no cost, please input '0' |
| Application notes |
| Has this application been discussed and agreed with the relevant line manager/s? |
| \*Are you submitting another application? |