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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| 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? |
| Learner Name |
| Learner Email |
| Learner Job Title |
| Agenda for Change (AfC) Band |
| Please indicate when you expect to have Apprentices' names and employing Trust |
| Apprentice's employing organisation |
| CDC site name & post code |
| Trust Site |
| Training Provider |
| When does the application window for this course open? |
| Course Title |
| Apprenticeship Type |
| Education programme you are applying for |
| Apprenticeship Level |
| Speciality Area 1 |
| Other speciality |
| Speciality Area 2 |
| Is this course Accredited? |
| Course Start Date |
| Course End Date |
| Application notes |
| Has this application been discussed and agreed with the relevant line manager/s? |
| Have you spoken to your Imaging Network lead regarding this application? |
| \*Are you submitting another application? |

 |

 |