# NHSE SE Cancer & Diagnostic funding - application form questions – Reporting Radiography & Development and upskilling of the imaging and radiography workforce

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

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

|  |
| --- |
| 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? |
| Funding Type |
| Learner Name |
| Learner Email |
| Learner Job Title |
| Clinical Area |
| Professional Registration |
| Agenda for Change (AfC) Band |
| Please indicate when you expect to have Individuals' names and Trusts for application |
| Learners employing organisation |
| CDC site name & post code |
| Site |
| Is there an agreed department role available for this individual post programme? |
| Training Provider |
| Course Title |
| Is this course Accredited? |
| Course Start Date |
| Course End Date |
| Reporting Modality |
| Other Reporting Modality |
| Speciality |
| Which clinical area will this upskilling enhance practice in? |
| Other clinical area |
| Course Level |
| Course Type |
| Other course type |
| Number of Credits |
| Which pillar of practice will this course upskill the individual the most in? |
| What level of practice will this course enable the individual to work at? |
| Do you know the amount of funding that you are applying for? |
| Project cost |
| Application notes |
| Has this application been discussed and agreed with the relevant line manager/s? |
| Clinical Supervisor Name |
| Clinical Supervisor Job Title |
| Have you spoken to your Imaging Network workforce/programme lead regarding this application? |
| \*Are you submitting another application? |

 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 |
|  |