**Faculty of Health Studies**

**Specialist Skills and Post Registration Development (SSPRD)**  **Funding Form**

**\* Health Education England (HEE) funded training is no longer automatically available for all SSPRD modules \***

Please complete this form in block capitals. Completed forms to be sent to: Admissions Office, University of Bradford, Richmond Road, Bradford, West Yorkshire BD7 1DP or scan and email completed forms to admissions-health@bradford.ac.uk.

**Student:** to complete **Section A** and **Section B** of this form, plus **Section C.**

**Designated Manager and SSPRD Lead:** to complete **Section C** or **Section** **D** (If Employer funded).

# Section A: Student Personal Details - (to be completed by the student)

|  |  |  |  |
| --- | --- | --- | --- |
| UB Number (If known): |  | Date of Birth: |  |
| Surname: |  | First Name: |  |
| Employer Name: |  | | |
| Employer Address: |  | | |
| Contact Number: |  | | |

# Section B: Course Details - (to be completed by the student)

|  |  |
| --- | --- |
| Course/Module applied for: |  |

# Section C: Workforce Development General Learning Credit - (to be completed by the Student/ Line Manager)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| About the investment | | | | |
| Type of activity: | | | | |
| * Accredited training | | * Project activity | | |
| * Non-accredited training | | * Other (please specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Please select the main staff group the investment will support: | | | | |
| * Admin and Estates | * Clinical Support staff (including Healthcare Assistants) | | * Management | * Other Scientific, Therapeutic and Technical Staff |
| * Allied Health Professionals | * Healthcare Scientists | | * Nursing and Midwifery | * SAS Grade Doctors |
| Please provide more information about the investment: (no more than 50 words) | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please select the status of investment: | | | | | | | | |
| * New | | | * Ongoing from 2018-19 in 2019-20 - activity which started in 2018-19 and there is a requirement for funding in 2019-20. | | | | | |
| Strategic drivers | | | | | | | | |
| Please select the system priority the investment most strongly aligns with: | | | | | | | | |
| * Cancer | * Emergency and Urgent Care | | | * Long Term Conditions (incl Stroke) | | * Mental health and learning disabilities | | * Primary Care |
| * Community based care | * Hospitals Working Together | | | * Maternity and children’s | | * Prevention | |
| Please select the Mandate deliverable the investment most strongly aligns with: | | | | | | | | |
| * 1. Develop the workforce to improve out of hospital care | | * 3. Deliver value for money | | | | | * 5. Build the workforce for the future | |
| * 2. Create the safest, highest quality health and care services | | * 4. Prevent ill health and support people to live healthier lives | | | | | * 6. Improve services through the use of digital technology, information and transparency | |
| Impact and evaluation | | | | | | | | |
| For all investments, please provide more information about the intended impact of the investment; what is it aiming to achieve? (no more than 50 words) | | | | | | | | |
| For all investments, please select which of the quadruple aims the investment most strongly aligns: | | | | | | | | |
| * Reduce per capita cost of healthcare | | | | | * Improve patient experience | | | |
| * Improve population health outcomes | | | | | * Improve staff experience of providing care | | | |
| For investments with high levels of funding/ greater numbers of staff supported, please describe the metrics identified to evidence meeting the selected quadruple aim (no more than 50 words). | | | | | | | | |
| **Student Signature:** | | | | |  | | | |
| **Managers Signature:** | | | | |  | | | |
| **SSPRD Lead, Full Name: (Please print)** | | | | |  | | | |
| **SSPRD Lead, Signature:** | | | | |  | | | |

# Section D: If HEE funding is not available, please complete the below details if you wish to cover the tuition fees for the student. If these details are not completed and HEE funding is not available, the tuition fees will be charged directly to the student - (to be completed by the Manager/SSPRD Lead)

|  |  |
| --- | --- |
| **Employer funded:**    This programme of study is essential to the role of the student and will be funded by the employing Trust if HEE funding is not available. The invoice will be sent directly to the employer at the start of the academic year once the programme of study has been commenced (where the details below are provided in full). If an invoice is required to raise a purchase order before the student commences their programme, please email creditcontrol@bradford.ac.uk. | |
| Ward/Dept/Hospital/ Other: |  |
| Postal and Email Address  Details for University of Bradford to send the invoice to: |  |
| Purchase Order Number or Reference number/details for payment: |  |
| Managers Signature: |  |