**Professional Development Scheme: Application Form**

This form is for the use of individuals applying for funding to undertake a course run by other departments or bodies outside the University.

The form should be downloaded, completed and sent to your HR Team at [hr@paediatrics.ox.ac.uk](mailto:hr@paediatrics.ox.ac.uk) who will collate it and pass it to the Head of Administration and Finance. Applications may be made by the departmental deadline 1 November or 1 May They will be reviewed shortly thereafter.

|  |  |
| --- | --- |
| Name of individual applicant |  |
| GENDER[[1]](#footnote-1) |  |
| Job title |  |
| Research Group |  |
| Contact details |  |
| Start Date at Department of Paediatrics |  |
| Contract END DATE (must cover length of course plus 6 months) |  |
| APPLICATION Date |  |

**Course Details**

|  |  |
| --- | --- |
| Name of course or other activity and venue |  |
| Qualification to be gained (if applicable) |  |
| Start date |  |
| End date |  |
| Time off for Training reqUested (days or dates requested)  *application is made “under section 63F of the Employment Right Act 1996”* |  |

**Funding applied for**

|  |  |
| --- | --- |
| Fee for year 1 of course |  |
| Estimated fee for length of course (if different) |  |
| Additional cost for course materials and travel |  |
| Total amount requested from department |  |

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| Rationale for the funding request Please include:   * how the course will help you to develop within the role and be of broader benefit to the department; or how it will enable you to acquire new skills and deal with changes in responsibilities or a new role within or outside the University * why a free internal course is not available or suitable * an account of the operational implications of your undertaking the course and what discussions you have had with your line manager about these * how you will share the learning from the course with colleagues, where possible and appropriate |
|  |

**Declaration**

* I confirm that my primary current role is as a member of staff of the University of Oxford.
* I have read and understood the Professional Development Scheme Policy.
* I confirm that should I resign from my employment of the University of Oxford during the course or within 3 months of the course end date, I will be required to repay 100% of any course fees and related costs provided for me.
* I confirm that should I resign from my employment of the University of Oxford within 12 months of the course end date, I will be required to repay 50% of any course fees and related costs provided for me.
* (for courses including examinations) If I do not sit the course examination within the normal time expected by the course provider (where there are no circumstances agreed by the manager which allow this condition to be waived), I will be required to repay the full course cost additionally to any penalties by the course provider.

|  |  |
| --- | --- |
| Date |  |
| Signature |  |

**Line Manager Confirmation**

I confirm I approve of this training to be undertaken by the applicant and that the applicant will be able to take the required study leave as per the Professional Development Scheme Policy (max 12 days per 12 months or 6 days per year or 3 days per study period, plus one day for first sits of each examination for modular courses).

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| **Line Manager Name** |  |
| **Line Manager Signature** |  |

I do not approve of this request (the request may still be forwarded to the Head of Administration and Finance if the Line Manager does not approve)

|  |  |
| --- | --- |
| **Line Manager Name** |  |
| **Line Manager Signature** |  |

**Head of Administration and Finance use only**

|  |  |
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| If you have approved the request for funding, please complete the ‘funding amount’ box below and send a copy of the whole form, including this page, the HR Team in the Department of Paediatrics. | |
| Amount payable by department for year 1 of course |  |
| Amount/percentage to be awarded in future years of course |  |

|  |  |
| --- | --- |
| If you have not approved the request for funding, you need take no further action, but for your own records you are advised to complete the box below. | |
| Reasons for declining to fund the request |  |

|  |  |
| --- | --- |
| Date |  |
| Signed Head of Administration and Finance |  |

1. Not mandatory, used for Athena Swan reporting [↑](#footnote-ref-1)