**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 Training Budget Holder. Applications may be made by the departmental deadline 1 November or 1 May. They will be reviewed shortly thereafter.

Please refer to the Professional Development Scheme Policy document for all details of the departmental scheme.

|  |  |
| --- | --- |
| 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 of course/ completion Date (incl. examinations) |  |
| Is there a final examination? |  |

**Funding applied for**

|  |  |
| --- | --- |
| Fee for year 1 of course |  |
| if different, Estimated fee for length of course (please outline the annual cost for multiple-year courses) |  |
| Additional cost for course materials (e.g. books) where applicable, please confirm number and titles of material |  |
| Additional cost for travel (where applicable) |  |
| 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 |
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**Declaration**

* I confirm that my primary current role is as a member of staff of the Department of Paediatrics in 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 in line with the policy document.
* 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 in line with the policy document.
* (for courses including examinations) If I do not sit the course examination at the end of the course or within the following 12 months (where there are no circumstances agreed by the manager and training budget holder 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 (normally up to 10 days, pro-rated for part-time employees).

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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 training budget holder if the Line Manager does not approve)

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

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