**NHSGGC AHP Healthcare Support Worker Education Fund Application Form**

 **Exploring Practice & Practices: Learning at Work Module 2024**

**Before completing this application form, please read and refer to the “Guidance for Applicants” and ensure you have the support of your line manager. Please note that if you have already received funding from the AHP HCSW Education Fund for the HNC OT Support, or the Effective Listening Skills Course, you cannot apply for this course.**

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| Name :  |  | Base Address and preferred contact telephone number: |  |
| Job title **(including band):**  |  | Sector (Acute/Partnerships /Boardwide):  |  |
| Email address: |  | Line Manager name, job title and email address: |  |

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| **1. Pre-requisite qualifying criteria**If answer is “No” to any part of Sections 1 & 2 your application will not be accepted | **Yes** | **No**  |
| Are you an AHP healthcare support worker? |  |  |
| Does your line manager support this application? |  |  |
| **2. Additional qualifying criteria** | **Yes** | **No** |
| Does the course meet your individual learning and/or development needs as agreed within your PDP&R |  |  |
| Have you completed your supporting statement (part 3)? |  |  |
| Has your line manager completed their supporting statement (part 4)? |  |  |
| Have you and your line manager signed and dated the form (part 5)? |  |  |
| Do you agree to participate in post-course evaluation? |  |  |

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| **3. Supporting Statement – Applicant**Please refer to “Guidance for Applicants” in the application packPlease provide the following information which willsupport the decision-making process: 1. Describe your motivation to undertake this course
2. Describe how this links to your PDP&R
3. Describe how you will apply your learning in practice

Maximum word limit is 500 words.  |
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| **4. Supporting Statement – Line Manager** Please outline how this learning relates to the applicant’s development and that the applicant understands the level of commitment required to complete the course. Please refer to “Guidance for Line Managers” in the application pack. |
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| **5.Applicant and Line Manager signatures**  |
| Applicant signature:Date:  |
| I support this application and confirm the service can support the study leave required. Line Manager signature:Date:  |