



All applications for Continuing Professional Development (CPD) and Clinical Skills courses that do not qualify for HEE SSPRD funding will need to cover the cost of training and delivery. The cost for each module can be found in the factsheets available on our CPD portfolio pages at <https://www.leedsbeckett.ac.uk/short-courses-and-cpd/continuing-professional-development-cpd/clinical-skills-and-nursing-allied-health-professionals/>

APPLICANT INFORMATION – * denotes required field

*Name (print)	
*Job Title	
*Employer Name and Address (if agency or locum please give home address)	
*Date of Birth	
*Email Address	
*NHS Trust or CCG Title (please state if not applicable)	
NMC PIN (if applicable)	

COURSE(S) APPLIED FOR

Couse Title(s)	Date of Course(s)^

Signature of Applicant		Date	
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By signing this form, you are agreeing to receive communications from the School of Health & Community Studies, Leeds Beckett University specifically relating to the course you are attending.

PAYMENT DETAILS - PLEASE SELECT

- I / my employer will pay by cheque and I enclose a cheque for £_____ made payable to 'Leeds Beckett University'
- My employer has agreed to pay the course fee and I would like Leeds Beckett University to raise an invoice (*please provide more information in the box opposite*)

Purchase Order Number	
Finance contact name	
Full billing address with postcode	
Finance contact telephone number	

LINE MANAGER DECLARATION

I support this application and will release the applicant to attend any taught sessions for the module

Name of Manager (PRINT)	
**Signature of Manager	Date