

EMPLOYER / SPONSOR or SELF-FUNDER APPLICATION (ESSF)

for academic year 20__ / 20__



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 online via our CPD portfolio pages at <https://www.leedsbeckett.ac.uk/short-courses-and-cpd/>

Please email completed application forms to shc-cpd@leedsbeckett.ac.uk / Tel: 0113 812 7778

To save the application with your completed details you will need to select print and choose 'save as pdf'

APPLICANT DETAILS - * 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)		Cervical Sample Taker code (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

Who will be paying the course fee?	Me		Employer		Sponsor	
Purchase Order No. (if applicable)						
Invoice Contact name						
Invoice Contact email						
Invoice Contact address						

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	