**SuppoRTT Funding Request Form**

This form covers expenses for the following:

* Funding for Enhanced Shadowing Periods
* Funding for SuppoRTT Expenses

Please read the information below carefully before submitting this form:

1. **Funding for enhanced shadowing periods**
2. HEE-EM will reimburse returning Trainees basic salary for 10-80 hours of enhanced shadowing. The agreed amount will vary depending on individual need and budgetary review. The money will not be used for prolonged periods of supernumerary work.
3. HEE-EM will not reimburse out of hours/on-call costs during this period (as additional banding) but the Trainee may wish to use some funded hours for work at a time that is appropriate to the return to work journey e.g. evening work in Paediatrics
4. **Funding for SuppoRTT expenses**
5. HEE-EM will reimburse the cost of an external approved course that is not available locally, via pre-existing courses or return to practice days. The course must be discussed with your TPD/College Tutor at least 3 months in advance and forms submitted to HEE-EM at least 4 weeks prior to the start of the course. Late or retrospective applications may be declined.
6. HEE-EM will reimburse the cost of childcare to allow Trainees to attend KIT/SPLIT days. KIT
7. HEE-EM will reimburse reasonable travel expenses for KIT/SPLIT days in line with the Trust’s travel expense policy.

**General Information:**

* This document is your application for approval of funding, not an expenses claim form. Reimbursements are made by the employing Trust *after* the costs have been incurred. You will need to follow the Trust’s usual claims process and provide all required receipts/evidence.
* Forms MUST be typed – handwritten forms will be returned.
* Please ensure that both you and your Training Programme Director sign the form. Electronic signatures are permitted.
* KIT/SPLIT days must be discussed and then documented in the individualised SuppoRTT Plan
* Once the form is signed, please scan your form and email to the following email address: [suppoRTT.em@hee,nhs.uk](mailto:suppoRTT.em@hee,nhs.uk)
* All fields are mandatory and should be completed unless otherwise stated. Any forms missing information will be returned.

SuppoRTT Funding Request Form

Surname Enter Name

First Name Enter Name

Grade at Time of Leaving Choose Grade

Training Programme Enter Training Programme

Email Address Enter Email Address

GMC Number Enter number

Reason for Time Out of Training Enter Reason

Return to Practice Date (if known) Click to enter a date.

Request Type Select a date

Cost (if known) Enter cost (if known)

Date of Course (if applicable) Enter date (if applicable)

Location of Course (if applicable) Enter location (if applicable)

Name of TPD Enter Name of TPD

Signature of TPD Signature

Signature of Trainee Signature

Date Form Completed Enter date

Please fill in the form with as much information as you have and complete all boxes (even if unknown). Unfilled boxes may result in your form being returned or payment delayed/refused.