





**Have you received funding for a professional development opportunity from the NHSCPO in the past?**

**Yes:**

**No:**

**If yes, please state the name of the course and year in which you received funding:**

\_\_\_\_\_

(NOTE: receipt of prior funding does not exclude you from being funded again, however those funded for training courses of a value >€3000 are less likely to be funded within a 3-year period). For further details on selection criteria see terms and conditions below.

**Statement of support from Line Manager:**

I, \_\_\_\_\_, Line Manager to \_\_\_\_\_, support this application, and if successfully funded, I will approve release of this staff member to participate as per the course requirements.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(electronic signature or wet ink (i.e. not typed))

**Applications will not be accepted without evidence of Line Manager approval**

**HSE HSCP Office CPD Funding Terms & Conditions:**

By signing this form, you, the applicant confirm that you have read and agree to the terms and conditions of this document:

1. I am an employee of the HSE or HSE funded organisation.
2. I have read the course information for which I am applying and confirm I meet the eligibility criteria.
3. Should I be successful in my application for CPD funding, it will be my responsibility to successfully complete the relevant application process for the programme for which I have been awarded funding. If my application to the training provider is unsuccessful, I understand I will forfeit the funding.
4. I acknowledge requirement, and commit to undertake, all aspects required for completion of the course.
5. I understand the HSE HSCP Office will not pay for any repeat years of a programme.
6. I understand that if I am awarded a HSE HSCP Office funding opportunity and awarded a place on a programme:
  - a. It is my responsibility to engage with my line manager about study leave and the covering of any travel or subsistence costs. These will not be handled by the National HSCP Office.

- b. It is my responsibility to engage locally with my line manager in good time regarding dates for any exams (as applicable) that I am required to sit in order to complete the programme.
  - c. If required to complete a significant project or dissertation in part completion of the programme, I agree to seek approval from my line manager for the topic of the project/dissertation to ensure maximum benefit for my department/service.
  - d. I will be required to provide HSE HSCP Office with evidence of successful completion of the programme funded.
  - e. In the event of some unforeseen circumstances arising following my commencement of a funded programme, which I believe may hamper my ability to successfully complete the programme, **I must immediately contact HSE National HSCP Office to discuss the situation @ [cpd.hscp@hse.ie](mailto:cpd.hscp@hse.ie)**. Every effort must be made to ensure that funding provided is fully utilised.
7. I understand and accept that all applications are reviewed against the following criteria,
- Relevance of training to role
  - Previous receipt of funding through the NHSCPO
  - Equitable representation of HSCP professions to volume of applications per profession received
  - Equitable geographical spread,
- and that all decisions made against these criteria are final.
8. I understand that should my application not be successful, and should I wish to avail of HSE HSCP CPD funding in the future, I will need to submit a new application if and when the funding is offered again. A waiting list will not be created in the event of over subscription.
9. I understand that incomplete applications or those received after the closing date will not be considered.
10. If successful, I commit to engage and work with the National HSCP Office to evaluate the impact of my participation in this professional development opportunity on a personal, service level, and service-user perspective.

**I confirm that I have read, understand and agree to the above terms and conditions.**

**I hereby submit my application for a HSE National HSCP Office CPD funding opportunity. I declare that the information given by me on this form is true and correct to the best of my knowledge.**

**Name:**

**Signature:**

**Date:**

## CONSENT

### **Data Protection:**

I acknowledge that my personal data (as defined in the Data Protection Acts 1988 to 2018, as may be amended from time to time, and the General Data Protection Regulation ('collectively, data protection law') will be held and processed by HSE National HSCP Office for the purposes of administering this application form and, where relevant, to the administration of my application for and participation in the training opportunity applied for. I understand that my personal data will be processed in accordance with data protection law and other regulatory obligations.

I understand that if I am successful in this application, the HSE HSCP Office will pass my name and contact details and confirmation that I am a successful recipient of the funding opportunity in my chosen training programme to the relevant training institution, in order for them to contact me to complete the relevant application process for the programme.

I understand that the relevant training institution will confirm to the HSE the outcome of my application for a place on their programme, as appropriate.

I understand that if I am successfully funded, that since the HSE is funding this opportunity for me to participate on the programme, the relevant training institution will on request from the HSE provide updates to the HSE as to the status of my participation on the programme including; my attendance record, my assessment record, any deferral applications submitted by me, confirmation that I have successfully completed the programme/year of the programme and the date of my graduation as applicable.

### **Communication:**

I understand that the HSE HSCP Office may use the contact details I have provided in this form in order to contact me regarding this application, the application process outcome and other matters in relation to my application and/or my participation in the programme.

**Signature:**

**Date:**

**PLEASE RETURN COMPLETED APPLICATIONS TO: [CPD.HSCP@HSE.IE](mailto:CPD.HSCP@HSE.IE)**

**Closing date: 5pm on Friday 31<sup>st</sup> May 2024**

**Incomplete applications or applications received after the closing date will not be considered.**