

Funding: Please state how your attendance on this Study Day will be funded.
Complete one section only.

1. Funding via Person Training Days (PTDs)

(Must be agreed by authorised signatory in your NHS trust – NHS London and NHS South East Coast only).

Please write the full name of your NHS trust in BLOCK CAPITALS

I support this application.

Manager Date

I authorise funding via health contract **NHS London NHS South East Coast** (please delete as applicable)

Authorised signatory

Name Date

2. Invoice for employer

I agree to pay the fees for the applicant to attend the Study Day, the details of which are shown over.

Name of employer/trust

Address for invoice

..... Postcode

Contact telephone number Company/trust stamp

E-mail

Signed (budget holder)

Please print name

Date

3. Self-funding If you are self-funding, you should enclose payment with this form. Cheques should be made payable to 'University of Greenwich'. **IF NO CHEQUE IS ENCLOSED, THIS FORM WILL BE RETURNED TO YOU.**

Signature

I confirm that the information shown on this form is accurate and complete, and I agree to abide by the university's regulations.

Signed (applicant) Date

Data Protection Act

The University of Greenwich collects, stores and processes personal data about its students for the purpose of administering and managing their educational programme and all other services provided to them by the university. The information held and processed may be disclosed to the Higher Education Statistics Agency, national and local government education departments, funding councils, sponsor organisations, other educational establishments and other relevant bodies. The university keeps a record of its past students electronically in perpetuity. The purpose for keeping the records is as an archive of graduates and students who have attended the university.

I understand that the personal data supplied will be used only for the purposes described, and I agree to my personal data being stored and processed for these purposes.

Signature:	Date:
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