# Caring fund application form

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Details** | | | |
| **Employee name** |  | | |
| **Employee ID** |  | | |
| **Job title** |  | | |
| **School/Unit** |  | | |
| **Head of School/Unit name** |  | | |
| **Date of application** | **XX/XX/XXXX** | | |
| **Event details** | | | |
| **Event title** |  | | |
| **Date of event** |  | | |
| **Location of event** |  | | |
| **Overview of event** | | | |
| **Provide details on the rationale and focus of the event. This should include details of how the event will benefit the School/Unit, your career and the wider University.** | | | |
| **How will attendance at this conference/event contribute to the University research strategy?** | | | |
| **Please use this space to provide any additional information you want to include with your application to demonstrate how this conference/training event will impart/instil/improve knowledge etc to help you in your role.** | | | |
| **Funding breakdown** | | | |
| **Please give details on the funding you have requested, including a brief breakdown of costs e.g. relationship to dependent, name of registered care provider, details of additional care provisions.** | | | |
| **Declaration** | | | |
| **By signing this form, you are confirming the following:**   * You will incur additional incidental costs due to caring responsibilities while attending work related training. * This is defined as a training course or other activity which will impact or reinforce knowledge and skills to be used in your current work. * The care service is supplied by a registered provider. * A receipt of payment will be provided. * Any costs incurred will relate only to additional hours of care service provided outside of normal care provision. | | | |
| **Employee signature** |  | **Date** |  |
| **Please submit this application to Head of School/Unit** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of School/Unit review** | | | |
| **By signing this form, you are confirming the following:**   * You have discussed and agreed the need to attend the work-related training event for the purpose of professional development relevant to the employee's role. * You have authorised the expenditure on care costs up to the limit shown confirmed in this application. | | | |
| **Please provide rationale for your decision including benefit to employee and how this fit with the School/Unit strategy:** | | | |
| **Head of School/Unit signature** |  | **Date** |  |
| **Please submit this application to Human Resources for review** | | | |

|  |  |
| --- | --- |
| **Human Resources review** | |
| **By approving this request, you are confirming that the employee:**   * Is not currently working their notice due to voluntary resignation; * Has not exceeded the maximum caring fund (£1,000) in a 12-month period; * Has requested funding for an event that is compliant with the HMRC definition. | |
| **Official use:** | |
| **Caring fund amount requested:** | **£** |
| **Total Caring fund amount requested (in a 12-month period)** | **£** |
| **Additional notes** | |