**Annex C**

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| **APPLICATION FOR FUNDING OF DMS GROUP MEDICAL EDUCATION AND TRAINING** |
| **TITLE:** | TAFMIS No (Deanery use only): |
| **Location** Service/MoD venues are to be used if possible.  |  |
| **Duration, dates & times**If dates have not been decided state TBC, the application can still be processed. |  |
| **Sponsor** Name and appointment of person supporting the requirement.  |  |
| **Attendees**Number and Employment Group(S). |  |
| **Aim/requirement**Describe the purpose of the event and why a training need/requirement exists. |  |
| **Objectives**Describe what the course is intended to achieve from the sponsor’s perspective in order to support the aim. A maximum of 3 objectives for example: To enable students to…To provide attendees with… |  |
| **Intended Learning Outcomes**Describe what participants will be expected to know, understand or do, having completed the learning activity/course (Max 6 Learning Outcomes). |  |
| **Teaching and learning strategy & methods**Describe how the intended learning outcomes are to be achieved and the methods to be used. |  |
| **Assessment strategy & methods**Where applicable, describe how the intended learning outcomes are to be assessed and the methods to be used. |  |
| **Accreditation**Where applicable, describe any proposals for the learning outcomes to be accredited by an external awarding body. |  |
| **Evaluation strategy & methods**Describe how the effectiveness of the training will be evaluated and the methods used. At a minimum, the reaction of students what they thought and felt about the training is to be evaluated. Where possible, learning, the increase in knowledge or capability resulting from the training, should also be evaluated. |  |

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| **Alternative delivery options**Describe the benefits of the proposed activity, the alternative delivery options considered, and why they are considered unsuitable. Where applicable, describe why external venues and facilities are required. |  |
| **Provider(s)**Describe and justify who will deliver the course. |  |
| **Costs to the Deanery**Provide a breakdown of the costs which will be charged to the Deanery. |  | £ |
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| Total | £ |
| **Other costs and sources of funding**Describe how other training delivery costs and/or costs not chargeable to the Deanery but essential to success of the event are to be met. |  | £ |
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| Total | £ |
| **Additional information**Additional information which may help justify the application. |  |
| **Customer Agent input**Input is required from the appropriate Customer Agent responsible for planning medical training requirements and coordinating with the Deanery. | Name, rank & appointment Date |
| **TRA input**Input is required from the appropriate Training Requirement Authority responsible for agreeing the training need. | Name, rank & appointment Date |
| **Point of contact**Insert name and contact details of organiser. |  |
| **Submission date** |  |
| **Notes** Submit completed form and any supporting information electronically to: **SGHDT-DHET-ExtEdMailbox@mod.uk**Individual applications for funding associated with the proposed activity will be not be considered by the Deanery. Responsibility for ensuring that purchasing is carried out in line with MOD commercial policy is the responsibility of course organisers, not the Deanery. If funding is authorised, organisers will be required to submit a list of participants and a training evaluation summary when the course is concluded. |
| **Deanery Authorisation** |
| This application is authorised Yes ❒ No ❒ CommentsName, rank & appointment Date |

**GROUP TRAINING NOMINAL ROLL**

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| Course Name: | DMS Point of Contact: |
| TAFMIS Number: | Full Telephone No: |

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| **Rank / Grade** | **First Name** | **Surname** | **Service / Staff Number** | **Personal MOD email address (john.smith123@mod.uk)** | **Service** | **Employment Group** | **Speciality** | **Proposed Training Level(Expert, Practioner, Awareness)** | **Role in Organisation**  | **Required to maintain Competency ?****Y / N** |
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