**HSCP PROFESSIONAL DEVELOPMENT FUNDING**

**EXPRESSION OF INTEREST FORM**

**Name of Course Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please include the name of the course you are applying for in the **subject header of the email** when submitting your application.)

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Email Address** |  |
| **Profession** |  |
| **Current Role**   |  |
| **Work Location:**Please provide details of the organisation you work in and location  |  |
| **Personal Statement on why you should be funded for this course?** (Max 500 words): |
| **Qualifications/Prior CPD in the Area:** |
| **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) |
| **Applicant Commitment** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge requirement, and commit to undertake, all aspects required for completion of the course. Additionally, 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.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

We would like to keep your contact information on file for communication regarding future events or opportunities within the National Health & Social Care Office, HSE. Please indicate below if you consent for your details to be held:

Yes, I consent [ ]

No, I do not consent [ ]