

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Course / Conference Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Ward: \_\_\_\_\_

FTE Status: \_\_\_\_\_

Service: \_\_\_\_\_

### **For Nursing Applicants**

PDRP Level: \_\_\_\_\_ OR Intends to apply for PDRP? Yes No

If yes, timeframe? \_\_\_\_\_ If no, reason? \_\_\_\_\_

### **Course/Conference Information**

Title: \_\_\_\_\_

Organiser: \_\_\_\_\_ Location/Venue: \_\_\_\_\_

(CDHB, Dept) \_\_\_\_\_

Provider: \_\_\_\_\_

Dates: \_\_\_\_\_ Course Duration: \_\_\_\_\_

Are you presenting a paper?  Yes  No

### **Please attach a copy of course/conference information**

### **Leave & Funding Requested**

• Leave with pay (hours) \_\_\_\_\_

• Leave without pay (hours) \_\_\_\_\_

• Registration fees \_\_\_\_\_

• Travel \_\_\_\_\_

• Accommodation \_\_\_\_\_

• Expenses (meals etc) \_\_\_\_\_

**Total assistance requested (\$NZ)** \_\_\_\_\_

Reimbursement of expenses from other sources? \_\_\_\_\_

### **Supporting Information**

What are your reasons for attending? \_\_\_\_\_

\_\_\_\_\_

What other course/conference assistance have you received in the last 12 months? \_\_\_\_\_

\_\_\_\_\_

Are other colleagues in your service attending the same course/conference? (Give details) \_\_\_\_\_

\_\_\_\_\_

How do you intend to apply knowledge gained from this course/conference in your practise/workplace? \_\_\_\_\_

\_\_\_\_\_

What form will your feedback take? \_\_\_\_\_ Timeframe? \_\_\_\_\_

## Course / Conference Application Form - Continued

### To be completed by Line Manager

Do you support this application:  Yes  No

Comments

Cost Centre to be charged:

Signed:

Date:

### To be completed by Clinical Manager/Senior Manager

*(Where approval at this level is required)*

This request is:  Approved  Approved in part  Declined

Comment

• Leave with pay (hours)	
• Leave without pay (hours)	
• Registration fees	\$
• Travel	\$
• Accommodation	\$
• Expenses (meals etc)	\$
<b>Total funding approved (\$NZ)</b>	\$
<b>Total leave approved (hours)</b>	
Cost Centre to be charged	
Signed:	
Date:	

### To be completed by CEO or General Manager

*(Where approval at this level is required)*

Recommended as approved/not approved

Recommendation amended as follows:

Comment

Comment:

Signed:	
Date:	

Return copy to applicant

Copy to personal file

Copy for data entry and filing

NB: In all cases where a CDHB Attendance Record Sheet is completed, individual Course Conference Application forms are not to be entered in the Training Database.