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| West Wing, Level 6, John Radcliffe Hospital, Oxford, OX3 9DU  **Web:** www.ndcn.ox.ac.uk | **Twitter:** @NDCNOxford |  |

**NDCN Parents’ and Carers’ Career Fund**

**APPLICATION FORM**

Please return this form to: hodoffice@ndcn.ox.ac.uk

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| **Personal Details** | |
| **Full Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Contract End Date** (if applicable) |  |

|  |  |
| --- | --- |
| **Details of work-related event** | |
| **Name of work-related event** |  |
| **Event Organiser** |  |
| **Event Location** |  |
| **Event Dates** |  |

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| --- | --- |
| **Proposal** | |
| **Cost Breakdown** (including hourly rate of care provision and numbers of hours, travel and sustenance) |  |
| **Total Costs** (GB £) |  |
| **Total Amount Applied For\*** (GB £) |  |
| **Please describe how the grant will be used including details of how attendance is above and beyond your normal working hours and how it will impact your normal care arrangements** | |
|  | |
| Print Name:  Date: | |
| **Line Manager or Supervisor Approval** | |
| **Are you a PI?** Yes  No  **If you are not a PI, we ask that you seek to request approval from your line manager or supervisor**  **Request Approved**  **Request Declined**  If declined, please detail the reason for rejection  Line Manager’s or supervisor’s name:  Line Manager’s or supervisor’s e-signature:  Date: | |

SDC, June 2019