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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) |  |

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| **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 rejectionLine Manager’s or supervisor’s name:Line Manager’s or supervisor’s e-signature:Date:  |

SDC, June 2019