

Institute of Medical & Biomedical Education (IMBE)

**Staff Development Funding Scheme**

St George’s, University of London (SGUL) is committed to providing opportunities for staff to develop the skills they need to be successful in their role and to further develop their careers. A range of training opportunities are provided via Human Resources, and are detailed on the Portal (https://portal.sgul.ac.uk/org/cs/hr/staff-development).

In addition, IMBE has a small annual fund, the IMBE Staff Development Funding Scheme (SDFS), to which staff can apply for funding to cover all or part of the cost of completing training and development opportunities offered by external providers.

**How to apply**

* Individuals should in the first instance discuss and agree their training / development needs with their line manager. In the event that these needs cannot be met via the SGUL internal provision, an application can be made to the IMBE SDFS.
* All elements of the form must be completed prior to submission; incomplete forms will not be considered. Completed forms should be sent to [Farishta Yousuf](mailto:fyousuf@sgul.ac.uk).
* Applications will be reviewed by the IMBE Senior Leadership Team, and the outcomes confirmed directly to the applicant.
* Applications must be made in advance of the training / development event; applications for retrospective funding will not be considered.

**Guidance notes**

* The IMBE SDFS is open to all IMBE staff holding a substantive contract of employment with SGUL (including staff members of the Education Strategy and Development Office).
* The term ‘training’ is used throughout this document to refer to any training or staff development event.
* Applications for group training will be considered. One person (normally the most senior group member) should complete the personal details section, and then add the names of other participants in the appropriate box. Staff attending team / group events are excluded from the requirement to sign the Training Agreement.
* Accommodation costs will only be covered if required by the training or development event and are within SGUL’s expenses policy.
* Travel costs can be applied for in accordance with SGUL’s expenses policy. Travel must be booked via the SGUL approved agent.
* Details of the SGUL expenses policy can be found [here](https://www.sgul.ac.uk/about/our-professional-services/finance/information-for-staff/staff-expenses).
* Subsistence costs will not be covered.
* Staff who receive financial support via the SDFS are required to sign a Training Agreement (see Appendix A); this includes the requirement to repay all or part of the funding awarded if they leave SGUL employment at any time between commencing the training event and 12 months after its completion. Staff attending group or mandatory events are exempt from this requirement.
* Absence from work to complete training events is granted at the discretion of the line manager. Requests can be denied if operational needs do not permit an absence.
* Successful applicants are excluded from the scheme for 12 months from the date any training event previously funded from the scheme concludes.
* It is expected that applicants will be up-to-date with all their mandatory training requirements. Confirmation will be sought via MyWorkplace once this reporting function is available.
* The IMBE SDFA is provided on a discretionary basis and does not form part of an employee’s contract of employment. It may be amended or withdrawn as deemed necessary by the Institute Director.
* Interest-free study loans are available to SGUL employees for award-bearing programmes such as Master's level courses and other programmes which are not an essential requirement of an individual's role. Non-essential training and development is defined as training that doesn't fall into the essential category but would still benefit the University through improvements to quality of research, teaching and service delivery, e.g. further degrees, professional/vocational qualifications. SGUL employees can apply for a study loan up to £5000, with repayments being made over 10 months via salary deductions. Further information can be obtained directly from the SGUL [Staff Development Team](mailto:staffdev@sgul.ac.uk).

**IMBE** **Staff Development Funding Scheme Application Form**

**(1) Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Email address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Job title** | Click here to enter text. | | |
| **IMBE Centre/**  **School/Unit** | Click here to enter text. | | |
| **Name of line manager** | Click here to enter text. | | |

**(2) Team / Group Training** (to be completed only when funding is being requested for a team/group event).

Details of all participants must be listed. Additional lines can be added as necessary.

|  |  |  |
| --- | --- | --- |
| **Forename** | **Surname** | **Job title** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**(3) Training event details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of training event** | Click here to enter text. | | |
| **Training provider** | Click here to enter text. | | |
| **Training type**  (please indicate as appropriate) | | **one-off event** | **course**  **(more than 1 day)** |
| **Start Date** | Click here to enter a date. | | |
| **End Date** | Click here to enter a date. | | |
| **Number of days absence required** | | Click here to enter text. | |
| **Application / registration deadline** | | Click here to enter a date. | |
| **Is this training mandatory for your role?** (please indicate as appropriate) | | **Yes** | **No** |

**(4) Funding details**

All figures must be given in Pounds Sterling (GBP), however if payable in another currency the total in that currency should also be provided.

|  |  |
| --- | --- |
| **Training event fee**  If this is not a single fee, give a breakdown of component costs | Click here to enter text. |
| **Travel costs**  Please give details of all travel | Click here to enter text. |
| **Accommodation costs**  Specify number of nights, venue name, address and website | Click here to enter text. |
| **Any other costs applied for**  Specify details | Click here to enter text. |
| **Total funding applied for** | Click here to enter text. |

**(5) Rationale for application**

In assessing your application, the IMBE Senior Leadership Team will consider the benefit to the applicant and the Institute.

|  |
| --- |
| **How does this training event fit with your current role and development needs?**  (maximum 200 words) |
| Click here to enter text. |
| **How will IMBE benefit from you completing this training?**  (maximum 100 words) |
| Click here to enter text. |
| **If this training is mandatory for your role, please give explanatory details**  (maximum 50 words) |
| Click here to enter text. |

**(6) Applicant’s Declaration**

In signing this form, the applicant confirms that they have read and understood the guidance notes, including the requirement to complete and comply with the Training Agreement (Appendix A) if successful in their application.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** | Click here to enter a date. |

**(7) Statement of support from the Line Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Email address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Job title** | Click here to enter text. | | |

|  |
| --- |
| **Please state how the proposed training event will contribute to the development of the applicant and how this will make a value-added contribution to IMBE’s strategic goals**  (maximum 200 words) |
| Click here to enter text. |

In signing this form, the line manager confirms that they have discussed and agreed training / development needs with the applicant, are satisfied that the training offered internally at SGUL does not meet these needs and are supportive of this application.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** | Click here to enter a date. |

**(8)** **Confirmation of support from Head of Centre/School (for staff based in IMBE academic Centres or School), Head of e-Learning Unit (for e-learning staff) or Director of Education Operations (for Professional Services staff)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Email address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Job title** | Click here to enter text. | | |

In signing this form, the Head of Centre or School / Head of e-Learning Unit / Director of Education Operations confirms that they have discussed the training / development needs detailed above with the applicant and / or their line manager, are satisfied that the training offered internally at SGUL does not meet these needs and are supportive of the application.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** | Click here to enter a date. |

THE FOLLOWING SECTION IS FOR OFFICE USE ONLY

|  |  |
| --- | --- |
| Date received Click here to enter a date. | Date actioned Click here to enter a date. |
| CF Panel approved YES / NO | Total funding awarded: £ Click here to enter text. |
| Budget to be used Click here to enter text. | |

**Appendix 1**

Institute of Medical & Biomedical Education (IMBE)

Staff Development Funding Scheme

**Training Agreement**

This form must be completed and submitted by successful applicants[[1]](#footnote-1) to the IMBE Staff Development Funding Scheme before funding will be released. Forms must be personally signed by the applicant, scanned and returned to [Farishta Yousuf](mailto:fyousuf@sgul.ac.uk). Electronic signatures will not be accepted.

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **Email address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Training event title** | Click here to enter text. | | |
| **Training provider** | Click here to enter text. | | |
| **Start date** | Click here to enter a date. | **End date** | Click here to enter a date. |
| **Total Funding Awarded** | Click here to enter text. | | |

**Repayment Schedule**

|  |  |
| --- | --- |
| **Point of departure from SGUL** | **Repayment terms** |
| Prior to commencing or completing the training event | 100% of the funding awarded |
| Within 6 months of completing the training event | 75% of the funding awarded |
| Between 6 – 12 months after completion of the training event | 50% of the funding awarded |
| 12 months after completion of the training event | No repayment required |

**Applicant declaration**

In signing this form, I understand that SGUL reserves the right to reclaim funding awarded if I leave SGUL employment[[2]](#footnote-2) as per the Repayment Schedule above, or in its entirety if I fail to attend or complete the training[[3]](#footnote-3).

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** | Click here to enter a date. |

1. Staff attending group or mandatory training are excluded from this requirement; [↑](#footnote-ref-1)
2. Staff leaving SGUL employment due to redundancy, TUPE or ill-health retirement are excluded from this requirement; other exclusions may apply in exceptional circumstances only; [↑](#footnote-ref-2)
3. Staff unable to attend training due to circumstances outside of their control should provide appropriate documentary evidence; failure to attend or complete due to work commitments will not be considered as valid grounds for exemption. [↑](#footnote-ref-3)