End of Life Care Education Fund

# Individual Application

**Your contact details:**

Name: Current Role:

Organisation :

Tel: email:

**What funding are you requesting?**

1. Study day/Course title……………………………………………………………
2. Study day/Course provider………………………………………………………
3. Study day/Course date(s)………………………………………………………..
4. Do you have a confirmed place? Yes /No
5. Total cost of study day/course £……………………
6. Amount requested? £……………………
7. Statement of employer’s contribution (financial, paid or unpaid study leave)

Statement

Signature of Manager ………………………………………………..

**How will the funding benefit your ability to provide end of life care?**

1. How will it benefit the patients and families with whom you work?
2. How will it benefit your organisation i.e. new resource, patient impact, etc?
3. How will it fulfil your personal goals and objectives?

continue overleaf

d) How do you propose to feed back the study day/course learning outcomes?

Decisions about the use of the Oxfordshire End of Life Care Education Fund are

taken by a sub-group of the Oxfordshire Palliative Care Education Group (OPEG). Please be aware that it will take at least one month following receipt to process your application. All fields must be completed for your application to be processed.

Please return this form to:

Kate Butcher

email: [kate.butcher@ouh.nhs.uk](mailto:kate.butcher@ouh.nhs.uk)

with Oxfordshire EOLC Education Fund in the subject line.