



## Specialist Training Fund for HST/ST3-8/GP3-4 Reimbursement Form (only 1 course per form)

Applicant Details			
Surname		First Name	
Address			
IMC Number		Specialty	
Mobile Number		Email	
Do you hold a NCHD Contract 2010?		Yes:	No:
<b>EVENT / COURSE</b> <i>Only events/courses attended between July 2021 – July 2022 will be accepted (1 course/event per form)</i>			<b>Certificate of Attendance Attached</b>
Event/Course Name			YES      NO
Location / Organiser			
Event/Course Date			<b>Receipt Attached</b>
Event/Course Fee (in Euros)			YES      NO
Mileage <i>*See HSE travel policy for motor rates <a href="http://www.hse.ie/eng/staff/Benefits_Services/Travel_Subsidence/Travel_Subsidence_Rate_s/">http://www.hse.ie/eng/staff/Benefits_Services/Travel_Subsidence/Travel_Subsidence_Rate_s/</a></i>	Number of Kilometres Travelled:  Number of km travelled @ 0.4011 per km* = €		N/A
Train/Bus/Taxi	Total €		YES      NO
Air (Economy flights only)	Total €		YES      NO
Accommodation (in Euros) <i>*See HSE accommodation policy for rates. <a href="http://www.hse.ie/eng/staff/Benefits_Services/Travel_Subsidence/Travel_Subsidence_Rate_s/">http://www.hse.ie/eng/staff/Benefits_Services/Travel_Subsidence/Travel_Subsidence_Rate_s/</a></i>	Number of Nights:		YES      NO
	Rate paid per night:		
	Total Accommodation Cost: €		
<b>EQUIPMENT – (€) Medical Equipment/Textbooks required as part of training programme purchased within the current training year.</b>			<b>Receipt Attached</b>
			YES      NO
Name/Description			
Cost	Total €		
If you have received funding from any other source towards cost of this claim, please indicate the source of funding and the amount received:			
Source of claim:		Amount claimed:	
Please complete in full for reimbursement : (Mandatory prior to submission of your claim)			
Bank Details			
Bank account holder name:		Bank Name:	
Bank address:			
IBAN#		BIC	
<b>For completion by the Trainer or Programme Director: (Mandatory prior to submission of your claim)</b>			
Consultant Trainer Name: (PRINT)			
Consultant Trainer Signature:			
Date:			
I declare that by signing this reimbursement form: All particulars stated on this form are complete, true and correct. If any details are not accurate I will be required to repay all monies in full, and the fund may be withdrawn. I have paid all expenses claimed and attached relevant receipts and certificates.			

Signature of Trainee:	
Date:	



**Notes:**

Prior to submitting a reimbursement form, applicants are advised to read “Specialist Training Fund for Higher Specialist Trainees – Guidance Document for Trainees, Training Body Personnel and Employers – July 2018 (<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/ndtp-specialist-funding-guidance-document-july-2018.pdf> )

**The Specialist Training Fund is available to:**

SpRs/SRs/ST3-8 and 3rd/4th year GP Trainees who are actively participating in a higher specialist training programme and who hold an NCHD Contract 2010.

SpRs/SRs/ST3-8 and 3rd/4th year GP Trainees who are on the HSE-supported Dr. Richard Steevens’ Scholarship and HSE-HRB supported National SpR/SR Academic Fellowship Programme.

Applicants can apply for funding in respect of financial liabilities incurred within the current training year.

Please note this fund is not available during out of programme/ research years.

**The Specialist Training Fund can be used:**

To support their participation in relevant educational and training events.

To support the purchase of specialist medical equipment specifically required as part of their specialty training programme.

To purchase textbooks.

**The Specialist Training Fund cannot be used:**

To further subsidise Trainees in educational activities for which the HSE already has separate arrangements in place e.g. contribution toward defined examinations and clinical courses – see the NCHD Clinical Courses Refund Scheme document (<https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>) to pay for or subsidise educational activities which are funded via the agreements in place between the HSE and the individual training bodies regarding the provision of specialist medical training;

For the purchase of on-line resources, software, laptops, PalmPilots or any other hardware; and

For programmes/training modules provided directly by local employers, for example Infection Control training courses.

Expense claims made for travel and subsistence will be considered in line with HSE Guidelines and will be reimbursed at public sector rates. Claims for mileage expenses will only be approved where no suitable public transport (e.g. train or bus) is available or where public transport is available only at equal or greater expense.

**Audit**

A percentage of the claims made to the specialist training fund will be audited annually.

**Payment**

Once your claim has been reviewed and processed by the Postgraduate Training Body payments are processed within four weeks approximately. Please note applications not in good order will delay reimbursement.

**GPDR**

Your information is retained for the purpose of this reimbursement only and will be deleted once payment is issued. Your data will not be issued to a 3<sup>rd</sup> party.

**Return the completed form to the Royal College of Surgeons in Ireland (RCSI)**

Surgical Training office, Surgical Affairs, RCSI House, 121 St Stephen's Green, Dublin 2.

Contact Name: Jackie Browne Email: [jackiebrowne@rcsi.ie](mailto:jackiebrowne@rcsi.ie)