Clinical and Medical Education & Training

Funding Application Form 2025



**Applicant Details**

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| **Prepared By:** |  |
| **Email Address:**  |  |
| **Phone Number:** |  |
| **Department/Ward/Office:** |  |
| **Department Lead:** |  |
| **CHI Site:**  |  |
| **Date Submitted:** |  |
| **Amount Requested:** | **\*Please state full course fees** |
| **Are you a permanent CHI staff member?** |  |

**Submission Guidelines**

Children’s Health Foundation will consider education, simulation, and training funding applications from staff in Children’s Health Ireland (CHI) hospitals and urgent care centers.

This funding call aims to support individuals and groups who wish to continue their clinical and medical education, therefore improving health services and providing patients and families with the best care possible.

This process is open to staff who wish to pursue Academic Study and Professional Training that will bring a benefit and impact within one of the above Children’s Health Foundation key funding pillars.

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| **New & Emerging Services** | **Impact Initiatives for Patients, Parents & Staff** |
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\*Please tick the most appropriate funding pillar

**All** sections of this application form must be completed and signed with all supporting documentation e.g., Course guidelines, fees, schedule, Accreditation etc. attached to clearly articulate the need and benefits of the training. Each section **must** be filled out in a clear and concise manner, with consideration given to the panel members, who are of a non-medical background.

Applications will only be accepted as a **single PDF document**. Submitted in any other form, incomplete or multiple documents will be automatically excluded from the process. Applications must be typed; handwritten applications will be automatically excluded. The application form should be submitted on the website <https://www.childrenshealth.ie/funding-applications/>

**CHF Education and Training Funding Priorities and Parameters**

Priority will be given to training that directly impacts the services and care provided to patients and their families. The following priorities and parameters will apply for 2025

**Priority will be given to:**

Patient-focused members and multidisciplinary teams – CHI staff members who have direct regular contact with patients as part of their role.

Training that will have a direct impact on advancing child and patient health.

Applicants not eligible to receive other Education / Training funding.

Applicants who are not currently enrolled on an Education or Training course.

Permanent Staff members with a minimum of 1 year’s service

**Factors to be taken into consideration when applying for funding:**

One application for training per person applies whether that’s an individual application or as part of a group. Funding will not be awarded for more than one course per person. Training must be beneficial to the applicant's work and departmental needs. CHF will fund 50% of the total course or training fee of successful individual applicants up to a maximum of €5,000. For multidisciplinary teams will be considered. Documentation for all costs must be submitted with the application form. Travel expenses must be in line with the CHI Travel & Expense Policy, and per the CHI Education & Study Support Policy.

***Please Note:*** *By submitting this proposal, you confirm that all information included in this application is correct and can be used by the Foundation for information purposes. Awarded funding is for the 2025/2026 academic year and must be utilized within 6 months. If the drawdown of funds is not completed for the 2025/2026 academic year, they will be released back to CHF to be used for other worthy causes.*

**Clinical and Medical Education and Training Application Form**

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| **Programme Title** |
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| **Programme Accreditation** |
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| **MDT Simulation Programme** |
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| **Programme Type** |
| Academic Study | Professional Training |

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| **Programme Schedule** |
| Start Date |  | End Date |  |

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| **Programme Duration – tick appropriately where programme duration is 1 or more Years.** |
| 1 Year | 2 Years | 3 Years | 4 Years |

Has the course/programme already commenced: Yes No

Signature of your Line Manager to state that if you are successful you / your team will be released via CHI Policies

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| **Signatures**  |  |
| Line ManagerName: |  |
| Title:  |  |

Please familiarize with yourself with CHI HR Policies to ensure you are compliant before application – CHI HR can be contacted if you have any questions before you submit your application to CHF

[Education & Training Support Forms | Children's Health Ireland Intranet](https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.childrenshealthireland.ie%2Fworking-at-chi%2Flearning-and-development%2Feducation-training-support-forms%2F&data=05%7C02%7Csuzanne.mccabe%40childrenshealthireland.ie%7Cfe592ccc32474ad5d91f08dd97743efc%7C0949ccf236a643aeb33c482df77f0393%7C0%7C0%7C638833247794375093%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=t5hRHg%2Bw8oB1jAHT90dwmjJpMRCZuwJhZnc%2FipBhrIw%3D&reserved=0)

[Education\_Funding\_and\_Support\_Policy.pdf](https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fintranet.childrenshealthireland.ie%2Fdocuments%2F891%2FEducation_Funding_and_Support_Policy.pdf&data=05%7C02%7Csuzanne.mccabe%40childrenshealthireland.ie%7Cfe592ccc32474ad5d91f08dd97743efc%7C0949ccf236a643aeb33c482df77f0393%7C0%7C0%7C638833247794386018%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4OPK6av3bIXbFbs27r2iPScrA4y24sTQRUanzha3Ypw%3D&reserved=0)

Priority will be given to Applicants who are not currently enrolled on an Education or Training course

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| **Please describe the education/training programme for which you are seeking funding.** |
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| **Background and Context: Rationale for Support** *Please provide a brief outline of the reason behind this funding request.* |
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| **Outcomes: Please tell us what outcomes you are aiming to achieve to support your department.** |
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| **Please detail how many beneficiaries will be impacted on an annual basis and the types of beneficiaries eg. patients, parental support.** |
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| **Why would a donor want to fund and support this activity?** *Please refer to CHF’s funding priorities in your answer**\*Please explain why a donor would be compelled to fund this activity. This question is mandatory in order to provide key information to donors on our goals and impact.*  |
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**Budget**

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| --- | --- | --- | --- | --- | --- |
| *Budget Categories* | *Year 1* | *Year 2* | *Year 3* | *Year 4* | **Total** |
| Education/Course Costs |  |  |  |  |  |
| Other Costs Eg. Consumables |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**CHI Authorisation by HR Leads**

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| **Proposer**  |
| Name |  |
| Signature  |  |
| Date |  |
| **Department Head**  |
| Name  |  |
| Signature  |  |
| Date |  |

**Please list additional documentation in support of this application:**

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| **APPENDICES*****Please check you have included the essential documentation required in support of this application***  |
| **Appendix**  | **Document Type**  | **Received by CHF**  |
| Appendix 1 | E.g. Course Outline & Fees |  |
| Appendix 2 | E.g. Supporting Project Proposal |  |
| Appendix 3 |  |  |

**Terms & Conditions**

1. Course details and Accreditation are subject to review by Children’s Health Foundation and HR at CHI.
2. A Grant Reference will be issued where funding has been awarded and must be used on all correspondence relating to funding.
3. Grant disbursement is coordinated by HR at CHI and the department will be supplied with confirmation of grant awarded by Children’s Health Foundation
4. Grants disbursed are subject to HR at CHI policy in the case of an employee leaving or where an employee is unable to complete a course for which funding support has been provided.
5. Travel expenses must be in line with the CHI Travel & Expense Policy, and per the CHI Education & Study Support Policy.

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| **CHF Use Only – Children’s Health Foundation** |
| CHF Decision: |  |
| Conditions Applied: |  |
| Signature: |  |
| Date Approved: |  |