**HEE South Funding Application form – Advanced Clinical Assessment Training**

**Privacy Notice**

**Who We Are**

This form has been created by the regional pharmacy team at Health Education England (HEE). HEE is the data controller (contact details below). This means we decide how your personal data is processed and for what purposes.

**How do we process your personal data?**

HEE complies with its obligations under the GDPR by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

The information which you provide is for the sole use of Health Education England and will not be shared with any external third parties.

The information that you supply will be stored safely in accordance with all the relevant information governance standards and HEE policies and procedures. It will be kept for no longer than six years, after which time it will be securely deleted in accordance with our governance procedures.

We use your personal data for the following purposes: -

* To enable us to contact you regarding your funding application, and regarding feedback on the programme.
* To ensure you are fully eligible to participate in the programme.
* To capture information necessary in order to pay course contribution to your Trust (your employing organisation).
* To capture information necessary to ensure you are adequately supported by your Trust to participate in the programme.

We will not transfer your data abroad.

In order that we can provide the right services at the right level, we may share your personal data internally within services across HEE. This will be on a legitimate need to know basis only.

We may also share information, where necessary, to assist in the administration of justice, for the purposes of seeking legal advice or exercising or defending legal rights or as otherwise required by the law.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

**Your Rights**

1. The GDPR provides the following rights for individuals:
2. The right to be informed
3. The right of access
4. The right to rectification
5. The right to erasure
6. The right to restrict processing
7. The right to data portability
8. The right to object
9. Rights in relation to automated decision making and profiling.

To exercise all relevant rights, or for any queries, please in the first instance contact [pharmacy.south@hee.nhs.uk](mailto:pharmacy.south@hee.nhs.uk)

**Our Legal Basis for Processing**

You can obtain further information relating to HEEs legal basis for processing by viewing our privacy notice at <https://hee.nhs.uk/about/privacy-notice>

**Further processing**

If we wish to use your personal data for a new purpose, not covered by this Data Protection Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing.

**Please sign below to confirm that you give permission for your data to be collected and stored as detailed in the Data Protection Notice and the HEE Privacy notice available at** [**https://hee.nhs.uk/about/privacy-notice**](https://hee.nhs.uk/about/privacy-notice)**:**

*NB: Electronic signatures are sufficient.*

**Signed:…………………………………………………………………..**

**Date:………………………………………………………………………**

**HEE South Funding Application form – Advanced Clinical Assessment Training**

Health Education England South is providing £2000 of funding to support clinical pharmacists access advanced clinical assessment training and to contribute towards clinical supervision costs.

**1. Applicant details:**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Place of work |  |
| Contact number |  |
| Email address |  |

**2. Line manager details:**

|  |  |
| --- | --- |
| Full Name |  |
| Place of work |  |

**3. Course details:**

Please ensure you have applied for one of the listed courses at one of the Universities listed in the information leaflet or an equivalent, relevant programme. Funding only be available for relevant programmes.

|  |  |
| --- | --- |
| University |  |
| Module name |  |
| Cost (£) |  |
| Dates |  |
| Contact number |  |
| Email address |  |

**4. Clinical Supervisor details:**

|  |  |
| --- | --- |
| Full Name |  |
| Place of work |  |

**5.** **Funding criteria:**

Please ensure you meet all of the criteria listed below before submitting your application form.

|  |  |
| --- | --- |
| Criteria | Yes / No |
| 1. I am an Independent Pharmacist Prescriber |  |
| 1. I have applied for a training place at University |  |
| 1. I have secured a Clinical Supervisor |  |
| 1. My Line Manager agrees to support me with my training |  |
| 1. I have identified the need for training and enhanced role |  |

**6. Statement**

Please describe how the advanced clinical assessment training will support you in your current / future role and how it will help towards meeting service needs (maximum 200 words).

*Please insert statement here (maximum 200 words).*

1. **Signed: ……………………………………………………..**

**Date: ………………………………………………………..**

1. **Please submit completed forms to** [**Pharmacy.South@hee.nhs.uk**](mailto:Pharmacy.South@hee.nhs.uk)

**The deadline for the submission of completed application forms is Wednesday 26th February 2020.**

Please note that approval of application for funding does not guarantee funding will be provided until evidence that a place has been secured on a course at a University is approved by HEE.