**IMPORTANT: NOTES FOR COMPLETION**

**PLEASE TYPE THE FORM – THE FORM WILL BE ‘READ’ BY A MACHINE**

**PLEASE COMPLETE ALL BANK DETAILS. UNDER BANK ACCOUNT NAME, THIS IS WHO THE ACCOUNT IS IN THE NAME OF (EG DR JOE BLOGGS). THIS NAME MUST MATCH THE CLAIMANT NAME SO PLEASE NOTE THIS IF YOU USE YOUR MAIDEN NAME OR ARE CLAIMING ON BEHALF OF YOUR PRACTICE.**

**PLEASE ENSURE THE AMOUNT CLAIMED IS SHOWING ON THE FRONT PAGE**

**YOUR FORM MUST BE SIGNED OFF BY YOUR TRAINER**

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND RECEIPTS.**

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|  |  | INVOICE |

**Please Type in BLOCK CAPITALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number | (completed by LETB) |
| First Name |  |  |  | Invoice Date |  |
| Middle Initial |  |  |  | PO Number |  |
| Surname |  |  |  | FAO |  |
| Address Line 1 |  |  |  |  |  |
| Address Line 2 |  |  |  |  |  |
| Address Line 3 |  |  |  |  |  |
| Town/City |  |  |  |  |  |
| Post Code |  |  |  |  |  |

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| --- |
| Invoice To:  **F.A .O Bianca O’Mahoney - PMDE GP**  **NHS Health Education West Midlands**  **ST CHADS COURT**  **213 HAGLEY ROAD**  **EDGBASTON**  **BIRMINGHAM**  **B16 9RG** |
| **STUDY LEAVE CLAIM FORMS MUST BE SUBMITTED WITHIN 1 MONTH OF ATTENDING THE COURSE. FAILURE TO COMPLY MAY RESULT IN NON PAYMENT** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account Number | | | | | | | | Bank Account Sort Code | | | | | | bank account name | Swift code  (overseas only) | E-mail address for  remittance advice |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN THE REMITTANCE BEING MADE BY CHEQUE, WITH INEVITABLE PAYMENT DELAYS.***

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| --- | --- | --- | --- | --- | --- |
| **DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)**  **Where there is no receipt a full written explanation must be attached**  **Please read the guidance notes you obtained along with this claim form very carefully.**  **The Deanery reserves the right to reimburse the cheapest option wherever relevant.** | | | | | |
| **COVENTRY AND WARWICKSHIRE TRAINING SCHEME – STUDY LEAVE CLAIM** | | | | | |
| EVENT/ACTIVITY |  | | | | |
| LOCATION |  | | | | |
| DATE(S) | From: | | | To: | |
| **Course Fee** | |  | | | **Amount Claimed** |
| **Total Amount of Claim** | | |  | | £ |

|  |  |
| --- | --- |
| **Has this training been identified as part of your PDP?** | Yes/No |
| **What areas of the RCGP curriculum does this training cover and how?** |  |

**NOTE:** Travel to be reclaimed through employer as business expenses

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| --- |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.**  **Name:**  **Signed: Date:** |

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| **Trainer Declaration - Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.**  **Name:**  **Signed: Date:** |

**This form then needs to be returned to the LETB for authorisation before submission to SBS**

**NOTE:** The form needs to be fully completed. Incomplete or incorrectly completed forms will be rejected.