**Support Staff Workforce Development Fund**

 **2019/20 Application Form**

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| **Lead Organisation:** |  |
| **Other Organisations Involved:** |  |
| **Lead Name & Contact Details:** |  |
| **Funding Requested (£):** |  |

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| **Application Details:** |
| Please provide a brief summary of your proposal.Ensure you state which LWAB priority it delivers against and quantify proposed costs, outcomes and timescales. You plan should also outline how impact will be evaluated/ shared, and how the activities advantage the Health & Care system and ways of working.   |

Please submit applications to by 12 Midday on Friday 23rd August 2019to

LeedsTH-TR.WYHExcellenceCentre@nhs.net