**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](mailto:LeedsTH-TR.WYHExcellenceCentre@nhs.net)