

**Equivalence Funding Application Form for NHS Wales Healthcare Scientists and Support Staff**

**2022 – 2023**



1. **Introduction**

HEIW has an established funding allocation for supporting NHS staff within Healthcare Science to access education that will enable them to achieve registration/regulation via an alternative or equivalence route. This funding may also be used to fund the equivalence/alternative route application process. Organisations wanting to take advantage of this funding must complete the application form below for each individual applicant that seeks to access this funding. Applications will be considered in line with the allocation criteria outlined below.

* **Application closing date is 1st June 2022.**
* **HEIW will inform applying organisations of the outcome of applications submitted by 31st July 2022.**

On confirmation of approval, all successful applicant organisations will be required **as soon as possible to submit an invoice to HEIW for the full amount** in order to receive reimbursement. **Invoices need to be sent to** [ETFinance.HEIW@wales.nhs.uk](mailto:ETFinance.HEIW@wales.nhs.uk) **for the attention of Karen Bowen, marked “Equivalence 2022 funding”.**

* **Final date for submitting invoices for payment is 31st Dec 2022.**
* **All applicants in receipt of funding are required to inform HEIW of their progress with their equivalence journey by 31st March 2023.**

1. **Allocation Criteria**

A robust process has been developed to ensure that any allocation of funding is fair and equitable, with a clear audit trail. There are a number of criteria associated with the allocation. These are divided in to two sections; those which must be achieved (Core), and those where there is measurable benefit where one or a number of these must be achieved.

**Table 1**

|  |  |
| --- | --- |
| No | Core Criteria |
|  | Proposal must include how this supports progress towards an equivalence/ alternative route to registration, including expected date of submission |
|  | Funding will only be supplied non-recurrently |
|  | The commissioner will not agree to any recurrent costs as part of the proposal.  Any recurrent costs incurred pertaining to a non-recurrent funding award must be borne by the employing organisation |
|  | State whether proposal is divisible – i.e. elements of the proposal can be awarded as well as full funding |
|  | The proposal must be submitted on the HEIW template supplied and signed by the employee’s line manager or Head of Department. |
|  | Funding must be utilised in the financial year in which it was awarded |
|  | Detailed cost schedules must be provided with the proposal |
|  | Accommodation and travel costs will need to be borne by submitting organisation |
|  | Funding will not support salary or posts |

**Table 2**

|  |  |
| --- | --- |
| No | Benefits Criteria |
|  | Proposals need to demonstrate some or all of the following   * Succession planning * Demonstrates impact on service delivery/ Service need * National and local healthcare priorities * Workforce transformation * Team skill mix * Employment opportunities post training |
|  | Priority will be given to proposals that demonstrate   * Track record of supporting work-based learning * Established training support structures * Sufficient local mentors/trainers * Clearly outlined training plan including timeframes for completion with progress points, and protected study time |
|  | Benefits from the funding must be measurable. Where appropriate value must be demonstrated across:   * + Financial efficiencies   + Business/service efficiencies   + Student/staff/trainee experience   + Retention, contribution to service |

1. **Proposal Application form**

To submit a proposal all Health Boards and Trusts must fully complete the proposal template below:

Please email completed Allocation Proposal to: [christine.love@wales.nhs.uk](mailto:christine.love@wales.nhs.uk)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | | | | |
| Applicant Email: | | | | | | |
| Health Board/Trust: | | | | | | |
| Please tick route following | Other | BMS | PTPE | | STPE | HSSE |
| Expected date of equivalence/alternative route application: | | | | | | |
| Description of proposal to include how this supports equivalence/alternative route to registration and reference to benefits criteria (table 2): | | | | | | |
| Value of proposal to include detailed cost schedule: | | | | | | |
| Line Manager/Head of Dept Signature: | | | |  | | |
| Print Name: | | | |  | | |
| Job title: | | | |  | | |
| Email: | | | |  | | |
| Date: | | | |  | | |

1. **HEIW Assess****ment of Proposal**

|  |  |
| --- | --- |
| Assessment of proposal: | |
| Date: |  |