**Claim Form for TNA Placement Funding 2018- 2020**

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| --- | --- |
| Practice Name and Address:  L Code: | Date claim submitted: |

Please use this form to claim the funding available to support the placement of Trainee Nursing Associates for the period 01.04.2018 to 31.12.20

Please complete below:

1. I claim an Incentive Payment for offering placements in xxxx……………*….. (please indicate which year(s):*

1. I claim a Placement Tariff for :x……… …………x………………x…………..(TNA initials )and confirm the:
   1. Total number of students placed was …………………
   2. Combined total number of placement hours of was ……………..

1. The practice held a Reflective Learning Session for ……x……member(s) of staff on dd/mm/yy (*enter as appropriate)*
2. I confirm …………..member(s) of nursing staff attended the Assessor/Supervisor updates (*enter N/A if not applicable)*
3. I confirm the following member(s) of Nursing staff attended the Leadership Essentials Masterclass in March 2019 and would like to claim towards this also.

…………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………

(*please provide name and job role of each delegate)*

Practice Declaration: I confirm, on behalf of the practice, that the above information is correct:

Name: ………………………………………………………….. Position: …………………………………….

Signature: …………………………………………………… Date: …………………………………………

Bank Details for BACS: *Please complete*  
Account Number: ……………… Sort Code: …..-…..-……VAT Reg No: if applicable

**Office use only:**

Total payable = £

Authorised by: ………………………………………………………(STH) . Date …………………………………………