

Guidance on Pre-Retirement Courses

Pre-retirement courses are booked via the Education, Training & Development Department at Fulwood House. ETD are responsible for issuing the forthcoming dates of the course and an application form for the employee to complete. The employee's line manager would need to support the attendance and sign the form.

The course is funded from the line manager's budget which would be paid on production of an invoice from STH, as indicated on the form.

The one day course is facilitated by both Sheffield Teaching Hospitals and Sheffield City Council. The most convenient future dates would be sent to the employee concerned.

Both forms and the flyer are attached to this Guide.

- Application Form
- Nomination Form
- Flyer

COURSE APPLICATION FORM

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE ADDRESS BELOW:

Learning and Development Department
Rivermead Training Centre, Northern General Hospital,
Herries Road, Sheffield S5 7AU

APPLICATION FORMS CAN BE FAXED TO: 0114 271 4422 (EXT: 14422)

SECTION 1 PERSONAL/WORK DETAILS

ESR Assignment Number <small>(Can be found on payslip and is a 8 digit number)</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Date of Birth
Surname		Forename(s)
Job Title (in full)		Band/Grade
Department/Ward		Full Time/Part Time
Directorate		
Extension Number		E-Mail Address
Hospital/Trust <input type="checkbox"/> RHH <input type="checkbox"/> NGH <input type="checkbox"/> JW <input type="checkbox"/> CCDH <input type="checkbox"/> WPH <input type="checkbox"/> SCH <input type="checkbox"/> SHSC <input type="checkbox"/> SPCT <input type="checkbox"/> NON NHS		

SECTION 2 COURSE DETAILS

Course Title	Course Code 190
Course Date (s)	
Course Fee	Cost Code all STHFT Departments (for recharge)
External Applicant - name and address for invoicing	

MANAGER'S NAME AND JOB TITLE (please print)

Manager's Signature Date

We would recommend that the following points are considered by the applicant and their manager together

- What do you and the nominated individual hope to gain from the course and what objectives have been agreed?
- How will the subject/s covered by this programme be used by the individual in his/her current position?
- What opportunities or arrangements will be offered to enable the individual to practice/utilise their learning?
- How will evaluation and review of the objectives take place?

SECTION 3 HOME ADDRESS

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 Postcode Home Contact Number

SECTION 4 NOTES/ADDITIONAL INFORMATION

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The Trust is registered under the Data Protection Act 1998. Information contained on this form is for the educational department's use only. Your signature denotes consent for information to be held on computer and in a manual filing system. For certain courses information may be shared with organisations working in partnership with Sheffield Teaching Hospitals NHS Foundation Trust. Your signature denotes consent for the holding and sharing of this information.

Applicant's Signature: **Date:**

PLEASE ENSURE THAT YOU RETAIN A PHOTOCOPY OF THIS APPLICATION FORM



HR FIRST LEARNING & DEVELOPMENT
Authorisation for Training

In order to make a booking please return this form within 5 working days to HRFirst Learning & Development, Capita HR & Payroll Services, 2nd Floor, Derwent House, 150 Arundel Gate, Sheffield, S1 2JY or email to **hrfirstl&d@capita.co.uk**

Places will not be guaranteed if we do not receive this form within 5 working days

Course information will be sent out 2 – 3 weeks prior to the event

Title of Course/Programme:	
Date(s): Please try to give 2 choices	Time(s):
Name of Candidate:	Employee No.:
Email address:	Job Title:
Service Area:	Directorate:
Worksite Address:	
Please give details of any particular requirements e.g. loop system, requirement to pray, large print etc.	

MANAGER APPROVAL

Name of Line Manager:	Tel. No:
Worksite:	

COURSE CHARGING DETAILS –

OEO Business Unit/Object Code:	
Please note this application will not be accepted without an OEO code.	
OEO Internal Order Number	Invoice address if external to Sheffield City Council
Cost of course:	

CANCELLATION FEES:

Cancellation fees will be charged as follows:

Non-attenders – Full cost plus £5 administration fee

Cancellation within 5 working days of start date – Full cost

Cancellation within 10 working days of start date – 50% of cost

For office use only

- | | |
|--|--|
| <input type="checkbox"/> On Course | <input type="checkbox"/> Confirmation letter |
| <input type="checkbox"/> On recharge spreadsheet | <input type="checkbox"/> Candidate details |

AA210 PRE RETIREMENT STUDY DAY (1 DAY)

This is for members of staff who are within 1-2 years of their planned retirement.

The purpose of this course is to provide information and guidance:

- To help individuals to look forward to their impending retirement with confidence
- On how to achieve the transition from 'work' to 'leisure'
- About how to access benefits and pensions
- About the legal and financial implications of the change in status



Examples of sessions:

- Thinking ahead to retirement & planning for a change in lifestyle
- State benefits available in retirement
- Financial matters
- Health & retirement
- Using your time positively & the NHS retirement fellowship
- Opportunities for volunteering within the trust
- Your pension scheme

Dates:

Venue: Rivermead Training Centre, Northern General Hospital

Time: 8.30 am – 4.30 pm

Fee: All STH staff = £ 50.00 (*as at 2011*)

Other NHS Organisations = £85.00 (*as at 2011*)

Please return all application forms to:

Learning and Development Department, Rivermead Training Centre
Northern General Hospital, Herries Road, Sheffield, S5 7AU
Telephone: 0114 2715334 (Ext 15334)

Alternatively, fax your completed application form to: 0114 2714422 (Ext 14422)