

## Specialist Training Fund Reimbursement Form

### July 2025 - July 2026

Surname:		First name:	
Speciality:			
Mobile Number:			
Do you hold a NCHD contract 2010?		<div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>	
<b>EVENT/COURSE</b>		<b>Certificate of Attendance Attached?</b>	
Only events/courses attended between July 2025-July 2026 accepted		Yes/No	
Event/Course Name			
Location/Organiser			
Event/Course Date		Receipt Attached	
Event/Course Fee (in Euros)		Yes/No	
Mileage			
<i>*See HSE travel policy for motor rates to confirm rate</i>  <a href="https://www.hse.ie/eng/staff/resources/hr-circulars/doh-circular-5-2022-dper-16-2022-revision-of-motor-travel-rates.pdf">https://www.hse.ie/eng/staff/resources/hr-circulars/doh-circular-5-2022-dper-16-2022-revision-of-motor-travel-rates.pdf</a>	Number of Kilometres Travelled:  Number of km travelled @ 0.4180 per km* =	N/A	
Train/Bus/Taxi	€	YES	NO
Air (Economy flights only)	€	YES	NO
Accommodation (in Euros) <i>*See HSE policy for rates. Limit domestic €205.33 per night</i>  <a href="https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-003-2025-revision-of-domestic-subsistence-rates.pdf">https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-003-2025-revision-of-domestic-subsistence-rates.pdf</a>	Number of Nights: Rate paid per Night*:  Total Accommodation Cost: €	YES	NO
<b>Equipment: Medical Equipment/Textbooks required as part of training programme purchased between July 2025-July 2026</b>		<b>Receipt Attached</b>	
Name/Description			
Cost		Yes	No
<b>TOTAL</b>			
<b>I declare:</b> <ul style="list-style-type: none"> <li>All particulars stated on this form are complete, true and correct.</li> <li>If I make a false claim I will be required to repay all monies in full and the fund will be withdrawn.</li> <li>I have paid all expenses claimed and attached relevant receipts and certificates in respect of expenses claimed on this form, all refunds received to date from any source are shown</li> <li>To the best of my knowledge no part of these expenses will be voluntarily reimbursed to me</li> </ul>			
Signature of Trainer:			
(Mandatory prior to submission)			
Signature of Trainee:		SpR year	
Date:			

For Office use only:  
Date of receipt of application form: \_\_\_\_\_

Date of payment: \_\_\_\_\_

### Notes:

Prior to submitting a reimbursement form, applicants are advised to read "Specialist Training Fund for Higher Specialist Trainees – Guidance Document for Trainees, Training Body Personnel and Employers – July 2025/2026 (updated 18<sup>th</sup> September 2025)

The Specialist Training Fund is available to:

- SpRs/SRs/ST3-8 and 3rd/4th year GP trainees who are actively participating in a higher specialist training programme **and** who hold an NCHD Contract 2010.
- SpRs/SRs/ST3-8 and 3rd/4th year GP trainees who are on the HSE supported Dr Richard Steevens' Scholarship.

Applicants can apply for funding in respect of financial liabilities incurred between the dates Monday, 14<sup>th</sup> July 2025 to Sunday 12<sup>th</sup> July 2026.

### The Specialist Training Fund can be used:

- to support their participation in relevant educational and training events
- to support the purchase of specialist medical equipment specifically required as part of their HST training programme
- the purchase of textbooks

### The Specialist Training Fund cannot be used:

- to further subsidise trainees in educational activities for which the HSE already has separate arrangements in place e.g. contribution toward defined examinations and clinical courses - see the NCHD Clinical Courses Refund Scheme and Training Supports Scheme documents: <https://www.hse.ie/eng/staff/leadership-education-development/met/ed/fin/>.
- to pay for or subsidise educational activities which are funded via the Agreements in place between the HSE and the individual training bodies regarding the provision of specialist medical training.
- for the purchase of on-line resources, software, laptops, palm pilots or any other hardware and.
- for programmes/training modules provided directly by local employers, for example Infection Control training courses.

Expense claims made for travel and subsistence will be considered in line with HSE Guidelines and will be reimbursed at public sector rates. Claims for mileage expenses will only be approved where no suitable public transport (e.g. train or bus) is available or where public transport is available only at equal or greater expense.

### Audit:

A percentage of the claims made to the specialist training fund will be audited annually.

**Return the completed form to your Postgraduate Medical Training Body.**