Authorisation for Conference and Training Fund expenditure is required before a claim is submitted via UniCore. The employee requesting the funds should complete Section A of this form and submit it to their line manager to complete Section B, for authorisation. More information can be found in the [Conference and Training Care Fund guidance](https://www.nottingham.ac.uk/hr/equality-diversity/documents/conference-and-training-care-fund-guidance.pdf).

Note: Authorisers must be independent of the employee and at an appropriate level of seniority given the grade of the employee.

**Section A:** (all relevant sections to be completed by the employee)

|  |  |
| --- | --- |
| **Employee Full Name** |  |
| **Employee Number** (please include assignment number if you have multiple roles) |  |
| **School/ Department** |  |
| **Date form submitted** |  |

|  |  |
| --- | --- |
| **Name of conference or training event:** |  |
| **Date and duration of conference or training event:** |  |
| **Location of conference or training event:** |  |
| **Relationship to dependent:** |  |

**Childcare Provision:** (to be completed by the employee if claiming childcare costs)

|  |  |
| --- | --- |
| **Name of registered care provider:** |  |
| **Care provider registered number:** |  |
| **Details of normal care provision** (if appropriate attach any further information or supporting documentation to this form) |  |
| **Details of additional care provision** (i.e. hours of care service)**:** |  |
| **Cost of additional care provision:** |  |

**Dependent and Carer Travel and Accommodation:** (to be completed by the employee if claiming dependent or carer travel and accommodation)

|  |  |
| --- | --- |
| **Reason for taking dependent to conference or training event:** |  |
| **Reason for taking carer to conference or training event:** |  |
| **Details and cost of travel required:** |  |
| **Details and cost of accommodation required:** |  |

**Declaration:**

By signing this form, you are confirming the following:

* You will not incur additional incidental costs while attending work related training. This is defined as a training course or other activity which will impact or reinforce knowledge and skills to be used in your current work
* You are ‘at work’ at the time of the training or event and therefore not on leave (i.e. parental, sick leave). Note the exception to this is Keeping in Touch days or Shared Parental Leave in Touch days
* The care service is supplied by a registered provider
* A receipt of the payment will be provided
* Any childcare costs incurred will relate only to additional hours of care service provided outside of the normal care provision
* You understand that you are liable for paying tax on any travel and accommodation costs for dependents and carers

**Signature: ……………………………………................................... Date: …………………………...**

**Section B** (to be completed by the line manager)

**Declaration:**

By signing this form, you are confirming the following:

* You have discussed and agreed the need to attend the work-related conference or training event
* You have authorised the expenditure on care costs up to the limit shown above
* You have discussed this with your Head of School/ Department and have obtained their approval

**Signature: ……………………………………................................... Date: …………………………...**

|  |  |
| --- | --- |
| **Authoriser Full Name** |  |
| **School/ Department** |  |
| **Job Title** |  |
| **Contact Email Address** |  |

Once completed and authorised please complete an expense claim form in [UniCore](https://login-evyf-saasfaprod1.fa.ocs.oraclecloud.com/oam/server/obrareq.cgi?encquery%3Dg0y4T3hU3%2BuPJ%2F9eZBRoSgVHDPMjRAEWikW1sOnOmcA06fmMEI5vdlDWz1Um9ZszCPk%2B8ktMDVF1dalqe1%2FTtF6kcsG2Shy6BGdXvxOyg9dkqU92lco2PTNkzWZE%2B9GJYkL9lrhYWWt2s%2B3BX9flHFbc0KCtTpG3lc54gafdhkbu3infhVCeNwGdz3fnLoyNc6HJRc%2FjTWMf0vPGckoh%2FGDaKan68AKvND46qO5yvOlTgP4uw8EqY%2FtFojLcBX01FHN6aZvb9gzmDNlqMCb2WnjADXd0gJoNhJrVYl6i36m24dkcb74gFj2%2F862RWWl4RsTOqtLW56d5KgCmw20TkZUV8YSQHRepL7W6EsFDCtLdKxdomYzhSSd3OznuM7BfmCC29G39m3H67A9vlEbcrJ2o47h5AQzc5yITxVOp5LWpg4SE%2Fie9IZAtdwAPCB1UqFS4BTeuaoA6xZEBu014aYeF5N96ncxRH2TlSfWu4ScKDYHY3I5ELThApxuQDv00JfIjmtF7fNN5pXHRSgCnz4zbnPpTV%2BmoD6EEm9enI%2BPuvL%2FcibjD91c%2F5Jq2Yj71ezMh9xE4w2qs0qL0SBruIUrRWJlH2QJpfqu8VE2HAZHpnRzK9eWt%2F%2FH8DKcPpobwa4NAc3%2FBjati7aNc3gon51lSV%2Bj45UFdJzn%2Fxw0gnJH%2FlKdAirwSvxnInH0C4AHkkNdeDx0im5qU1yztA5EfhQe0TsTcXACPuon%2Bos7THNwOY5%2FFPiSX50Q8sPjd9bWfOLHGr8U8QSFukW3WmuvAYOXnQMWXjrBxmS4EwzxsaSAEZVA6N58HS%2FOXcP4k2APu90F4LP92EYCqlUcEt47Vbj%2Fkb91okBo9WpcgFdxFKPKZ7ynTTY0zpHPxj2SUtqOtKIU8vkTtIt2dTQUc3E8D817HorM%2F6SxTZpft%2BIOHMdinWeZQ87956CDEyXFazCj9a%2BihUuwzEykTDTK5xdfMDoQtJ7dYA1Q1Bgaur3Ci0bi%2FdWXzbaBHyPcNKyvO9gw4AdggSGpzbHFcoAH9%2BinthoRTFE2VfNji5FpSYRiVy2Iz8ZHGoXsKdHnTgqj7tAkhXmfTC%2B6UYu2dbXKIaatylUQIhpzIBB9zh3NTCqaC%2Fof5Y9K8cMwCNnSTX66oZwcENgPPmup2uj76kpfvPWDQEiwux0qXljrpCmoczMIzjjhkSjGUZtDgVsrUwn6DfvcfnDSYcVIFP4wEij6hST%2FNBNg8ugJ1C9qJCDYi9rXm21gllNWFIpMQIMRaEBbQzMizhLFzl9Jm4CGMTsQ4XiYMX87onxF8jhxXMX%2FFqOgQgBJwsmGszCyK0aLfZCtuXgM3BmDXluPM7LVgq3VUPxIvF4GIdRwghTqCdf59rNUbFLtVK%2FkP5LvE1%2FvWefRyk%2FNDNvMIXlIOLoLB3oLl2kp4q1t%2FQkk6WYLiiJDN7y%2FF1uR1mhKmN%2FBSrmf4TI3UaK2xJPt323aMc%2BBkuc7JdpETXYBGZ8Pavwi2Xbif7pupDFg7D8rZOjO5w6IsJBQJp178a8zBu1TQwm%2FvKy%2BR6LmzpekU5FVEkIR7gA7MwkI8MQvRPw7TpmTSQBimVFc5UaDnLWSvjhs3b%2Fl8gberXaK%2FtxXpHTuluFcuOsm4IS9h%2Br3dcZ389TKhd6YhHC0S4nOa%20agentid%3DOraFusionApp_11AG%20ver%3D1%20crmethod%3D2%26cksum%3Dfd247ad09da04077dda3ba9ea49e31be76ffb4e9&ECID-Context=1.0069%5E133SIC1Bhsawhbe6G007zdF0003nc%3BkXjE) and attach this form along with any supporting paperwork and receipts.