**Annex B**

**Manager**

**It is intended that this Section (Annex B) be sent with the guidance notes to your Manager for completion.**

**Applicant Details:**

|  |  |
| --- | --- |
| **Name:** |  |

**Award Scheme Details:**

|  |  |
| --- | --- |
| **Number of months of funding****Requested:** |  |
| **Whole Time Equivalent (WTE) or Programmed Activities (PA)** **requested:** |  |

|  |
| --- |
| **Manager Support Statement:**  |
| I agree that, if successful, I will facilitate any necessary changes to this individual’s job plan to allow them to take up this award, and for their funded time to be fully protected:Name: Job Title:Signature: |

**On Completion, this Annex is to be emailed to** **RLP@uhs.nhs.uk** **before 5pm on Friday 25th October 2024.**

**Incomplete applications will not be processed.**