Practice Educator (PE) Overtime (OT) request form for Learner Support.

This form is to be completed and returned to the Practice Education team as a request for claiming OT for supporting your learner outside of normal working hours. Support to learner to be provided on a trust premises.

|  |  |
| --- | --- |
|  |  |
| Name & ESR Number: |  |
| Base Station: |  |
| Learner name: |  |
| University Studying at: |  |
| Date of booked learner support: |  |
| Duration of support required: |  |
| Details of support required: |  |
| Do you as the named Practice Educator need additional support? |  |

**Notes:**

* Please submit your requests immediately – this allows the Practice Education team time to review and approve.
* If approved, OT will be included in the second pay date after submission.
* Documentation needs to be sent to the Practice Education Team [PracticeEducationTeam@SWAST.nhs.uk](mailto:PracticeEducationTeam@SWAST.nhs.uk)

**Please visit our SWAST page for support available.**

[**Student & Practice Educator page - SWAST CPD**](https://swastcpd.co.uk/student-practice-educator-page-parent/)

***Thank you for investing in our future workforce.***