

Existing TEL Approval Form

Name:		Job Title:	
Department/Speciality:		Telephone:	
Email:			

Title of TEL:			
Type:	App	E-Learning	Other

What Platform is it on?

Smart Device/Tablet	PC (Work)	PC (Home)	Other

Brief Description:			
Rationale for use:			
Target Audience:			

Any associated costs?

No	Yes	Give details:

Further Details:

Office Use Only:

Use of TEL:	Accepted	Denied
Comments/Justification:		
Date of TEL Meeting:		

Informed of outcome?	Yes	No
Date:		

Not all TEL will be approved for use, there has to be clear benefit to the Trust and its staff.

Any questions related to this form or your project should be directed to fhft.tel@nhs.net