TEL Project Development Form

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

Line Manager:		Are they Aware:	
Application Date:		Yes: No:	

Project Title:	
Type:	App E-Learning Other	
Does this already exist? Yes No	

Where will this be accessed?

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

Project Background:	
Brief Description:	
Target Audience:	

Time Frame & explanation:	

Is funding available?

No	Yes	Give details:

Further Details:	

Submission is NOT acceptance of the project/work, following submission this task will be discussed at the next available TEL SG meeting.

Please save and press button below to email your completed form to fhft.tel@nhs.net

Development request:	Accepted Denied
Comments/Justification:	
Date of TEL Meeting:	

Informed of outcome?	Yes No
Date:	