**Bursary Scheme for Associate Specialists, Staff Grades and Specialty Doctors**

**2018-2019**

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| APPLICATION FORM |

This bursary scheme is specifically to support CPD activities such as academic courses, conferences, Postgraduate certificates etc.

Please fill in the application form carefully and submit to Dr Anna Winfield, SAS Tutor, Medical Education, Clinical Practice Centre, Ashley Wing, SJUH, laura.brown61@nhs.net or fax to 0113 2066606

The application form is divided into two sections. Information obtained in Section 1 will be used for administrative purposes only. Information obtained in Section 2 will relate specifically to the bursary scheme.

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| **Section 1** |

Details entered in this section will be detached from Section 2 of your application form.

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

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| **GMC/GDC NUMBER** |

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| --- | --- |
| PERSONAL DETAILS: | |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Name in which you are registered with the GMC/GDC |  |
| Address |  |
| Postcode |  |
| Preferred Contact Number |  |

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| **Section 2** |

**PLEASE ANWER ALL QUESTIONS IN THIS SECTION**

**1. Current Employment Status**

Please provide details of your current position and your place of work

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| --- | --- |
| Work Base |  |
| Job Title |  |
| Date Commenced this post |  |
| Date current contract ends |  |

**2. Professional and Academic Qualifications Achieved**

Please give details of any qualifications achieved to date

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| --- | --- | --- |
| **University/College/HEI** | **Qualifications** | **Date Awarded** |
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**3. Details of proposed course/training**

Please give details of the course/training that you are interested in

NB. You need to provide exact and correct details of the course costs in order for your application to be considered. Approximations will not be acceptable (we do however, recognise that fees may alter across academic years, but details of the current fees must be provided).

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| --- | --- |
| Name of Institution |  |
| Level of the Course (eg. MA/MSc/PG Cert etc) |  |
| Title of the Course |  |
| Link to course page on the ‘Institutions’ website (please copy and paste the URL opposite) |  |
| Mode of Study (e.g. Part-time/distance learning/days) |  |

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| If you are applying for MA/MSc, please complete the following declaration: | |
| I declare that I have undertaken the required undergraduate degree/postgraduate modules/obtained enough credits to start the course in the time frame indicated    YES NO | |
| If yes, please provide details of the course/modules undertaken including the institution at which they were studied | |
| Course/Module Title(s) |  |
| Institution |  |

Please ensure that you are aware of the commencement date and financial aspect of the course before you submit this application.

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| TOTAL length of course/training |  |
| Length of the part(s) of the course you wish to study (eg. 1 year/1 module/1 month/1 day etc) |  |
| Start date of course/training (DD/MM/YYYY) |  |
| End date of course/training (DD/MM/YYYY) |  |
| If you have already started this course/training please state the year/module of study that you are currently in (e.g. 1st/2nd etc.) |  |

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| --- | --- |
| TOTAL cost of the course/training | £ |
| Please provide a breakdown of the yearly/module cost of your course/training as any bursary allocations will be made on the basis of information that you present to us | |
| 1 | £ |
| 2 | £ |
| 3 | £ |
| 4 | £ |
| 5 | £ |

Question 5 looks at your career aspirations and question 6 allows you to detail additional information as to why you are applying for this bursary.

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| **4. Please details your career/personal development plans for the next 5 years (max 250 words).** |
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| **5. Please provide a statement setting out how the course of study you wish to pursue will contribute to (a) your career development, (b) personal development plan and (c) patient care (max 500 words)** |
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| **Confirmation** |

It is essential that you discuss this funding opportunity with your Line Manager/SASG Tutor.

I confirm that I have discussed my application with the following person:

Name:

Job Title:

Signature (This must be either an electronic or handwritten signature):

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| **Declaration** |

**Leeds Teaching Hospitals NHS Trust, Medical Education Leeds reserves the right to request evidence of your contribution to the course fees.**

I declare that if successful in obtaining a bursary from this scheme I shall contribute the remaining portion of the course/training fee myself. If I have obtained partial funding from another NHS Source I declare that the total funding claimed will not exceed the total cost of the course/training and expenses.

I understand that I will be responsible for paying for the full cost of the course in the first instance and that I will need to claim back the allocated funding via Annette Clarkson, Medical Education Centre Manager, Postgraduate for Finance & Foundation, Leeds Teaching Hospitals NHS Trust, Medical Education Leeds, Clinical Practice Centre, Ashley Wing, St James’s University Hospital, Beckett Street, Leeds LS9 7TF (Annette.clarkson@nhs.net)

I declare that the information that I have provided in this application form is true and correct to the best of my knowledge.   
  
I agree to the above declaration.

YES NO

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For office use only** |

**SAS Lead approval**

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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