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

**Specialty Doctors 2018/19**

|  |
| --- |
| **APPLICATION FORM** |

Please fill in the application form carefully and submit to  [pensas.sw@hee.nhs.uk](mailto:%20pensas.sw@hee.nhs.uk) no later than 23:55 on Sunday 12th August 2018. Please use the guidance notes to aid your application.

The application form is divided into two sections. Information obtained in Section 1 will be used for administrative purposes only and will be withheld from the shortlisting panel. Information obtained in Section 2 will relate specifically to the Bursary Scheme and will be made available to the short listing panel.

|  |
| --- |
| **Section 1** |

Details entered in this section will be detached from Section 2 of your application form, withheld from the short listing panel and used for monitoring purposes only.

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

|  |
| --- |
| **GMC/ GDC NUMBER:** |

|  |  |
| --- | --- |
| **PERSONAL DETAILS:** | |
| **Title:** |  |
| **First Name(s):** |  |
| **Surname:** |  |
| **Name in which you are registered with the GMC:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Preferred telephone number:** |  |
| **Email address:** |  |

**Monitoring Information**

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to retaining all employees with dignity and respect according to the 9 protected characteristics as identified in the Equality Act 2010. We are committed to maintain a working environment that is free from discrimination and one that promotes equality & diversity in its policies, procedures and practices.

Completion of the following questions is **voluntary** and for monitoring purposes only. Any information that you do provide will be treated in the strictest confidence.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth (DD/MM/YYYY) | | | I do not wish to disclose this | | | |
| Gender | | | Female Male  I do not wish to disclose this | | | |
| I would describe my ethnic origin as: | | | | | | |
| Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other Asian background | | Mixed  White & Asian  White & Black African  White & Black Caribbean  Any other mixed background | | | | Other Ethnic Group  Chinese  Any other ethnic group |
| Black or Black British  African  Caribbean  Any other Black background | | White  British  Irish  Any other White background | | | | I do not wish to disclose my ethnic origin |
| Please select the option which best describes your sexuality: | | | | | | |
| Lesbian  Gay  Bisexual | | | | Heterosexual  I do not wish to disclose my sexual orientation | | |
| Please indicate your religious belief: | | | | | | |
| Atheism  Buddhism  Christianity  Islam | Jainism  Sikhism  Judaism | | | | Hinduism  Other  I do not wish to disclose my religion/ belief | |
| Do you consider yourself to have a disability? | | | | Yes  No  I do not wish to disclose this | | |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. | | | | | | |
| Physical Impairment  Sensory Impairment  Mental Health Condition | | | | Learning Disability/ Difficulty  Long-standing illness  Other | | |

|  |
| --- |
| **Section 2** |

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

1. **Current Employment Status**

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

|  |  |
| --- | --- |
| **Employing Trust** |  |
| **Work Base** |  |
| **Job Title in full** |  |
| **Date commenced this post** |  |
| **Date current contract ends** |  |
| **Is this a substantive post?** |  |

1. **Professional and Academic Qualifications Achieved**

Please give details of any qualifications achieved to date.

|  |  |  |
| --- | --- | --- |
| **University/ College/ HEI** | **Qualification(s)** | **Date Awarded** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Were you successful in obtaining a bursary in previous Peninsula & Severn Postgraduate Medical Education (formerly the Deanery) schemes?**

Yes  No If yes please give date: …………………………….

1. **If you were successful in obtaining a bursary in a previous scheme, did you claim the bursary allocated to you?**

Yes (Continue to question 4)

No (Go to question 3 b)

1. **If you did not claim the bursary allocated to you, please provide a brief explanation for this:**

|  |
| --- |
|  |
|  |
|  |

1. **Details of proposed course for 2018/19**

Please give details of the course that you are interested in.

N.B. 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). Your application will not be considered if all of these boxes are not completed.

|  |  |
| --- | --- |
| **Name of the Institution:** |  |
| **Level of the Course**  **(e.g. MA/ MSc/ PG Cert etc.)** |  |
| **Title of the Course:** |  |
| **Link to course page on the ’institutions’ website (please copy and paste the URL here → )** |  |
| **Mode of study**  **(e.g. part-time/ distance learning etc.)** |  |

|  |  |
| --- | --- |
| **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.

|  |  |
| --- | --- |
| **TOTAL length of course (in years)** |  |
| **Length of the part(s) of the course you wish to study**  **(e.g. 1 year/ 1 module/ 1 term etc.)** |  |
| **Date course commences (DD/MM/YYYY):** |  |
| **Date course finishes (DD/MM/YYYY):** |  |
| **Has a place on your course of study already been secured?**  If not, we strongly recommend that you start the application process of applying for your course, stating that you are applying for part funding by way of a Bursary Award.  (NB. This does not commit the Peninsula or Severn Postgraduate Medical Education office to funding the course unless approval has been agreed through the application process) |  |

|  |  |
| --- | --- |
| **TOTAL cost of the course if > 1 year** | £ |
| **Please provide a breakdown of the ‘yearly’ cost of your course as any bursary allocations will be made on the basis of information that you present to us.** | |
| **1** | £ |
| **2** | £ |
| **3** | £ |
| **4** | £ |
| **5** | £ |

The following questions will be used for short listing. 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.

|  |
| --- |
| 1. **Please detail your career development plans (max. 250 words)** |
|  |

|  |
| --- |
| 1. **Please provide a statement setting out how the course of study you wish to pursue will contribute to (a) your career development and (b) patient care. (max. 250 in each category; max. 500 words overall)** |
|  |

**If you answered yes to question 3a, please complete the below.**

|  |
| --- |
| 1. **If applicable, please provide a statement explaining how the previous funded course was of benefit to your development & the wider NHS.** |
|  |

|  |
| --- |
| **Confirmation.** |

Can you confirm that the course of study applied for forms part of your Personal Development Plan (PDP)?

Yes  No

Health Education England (South West) recommends that you discuss your application with your SAS Trust Lead/ Tutor. Where this is not possible please confirm that you have discussed this with your Lead Consultant.

|  |  |
| --- | --- |
| I confirm that I have discussed my application with the following person who supports my submission: | |
| Name: |  |
| Job Title: |  |
| Contact e-mail address: |  |
| Directorate: |  |
| Relationship to applicant: |  |
| Signature: |  |

|  |
| --- |
| **Declaration.** |

**We** **reserve the right to request evidence of your contribution to the course fees.**

I understand that if successful in obtaining a bursary from this scheme, Health Education England, Peninsula and Severn Postgraduate Medical Education contribution will be 50% of the total annual amount and will be capped at a maximum amount of £3000.00 towards the course fee only. The remaining 50% of the cost will have to be paid by the applicant without recourse to any funds obtained from another NHS/ HEE source.

I understand that I am required to pay for my course in **FULL** and then claim from the Deanery the awarded sum with proof of payment.

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

Signature: …………………………………… Date: …………………………………

Please provide all information for the application to be considered. Failure to provide this may result in non-submission to the panel.