

**Bursary Fund Application Form**

**2019/20**

**It is important to read the Guidance and Process before completing this form.**

Please complete this form in its entirety using the guidance notes. If you are submitting any additional sheets please indicate on the top of each sheet your GMC number and training programme. Please also complete and sign the authorisation form which will only be used if your application is successful.

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| **Section 1 – Personal details** | | | | |
|  | | | | |
| **Applicant surname:** |  | | | |
| **Applicant forenames:** |  | | | |
| **GMC Number** |  | | **NTN Number:**  *(where applicable)* |  |
| **Email address (Home):** |  | | | |
| **Email address (Work):** |  | | | |
| **Mobile number:** |  | | | |
| **Postal address:**  *(including postcode)* |  | | | |
| Please give details of your ethnicity : | |  | | |
| Please circle:  LESS THAN FULL TIME / FULL TIME | | MALE / FEMALE | | |
| Do you consider yourself to have a disability as described under the Equality Act 2010  Yes / No | | | | |
| **NB. This information will be used to correspond with you about your application, therefore please ensure that we have the best contact details for you. It does not form part of the application and decision, and will not be shared with the Funding Panel.** | | | | |

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| **Section 2 – Current training details and professional and academic qualifications achieved** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Current training programme** | | | | |  | | | | | | | | |
| **Current training grade** | | | | | CT  ST  GPST  Academic in training post | | | | | | | | |
| **Current training year:** | | | | | 1  2  3  4  5  6  7 | | | | | | | | |
| **Current training post:** | | | | |  | | | | | | | | |
| **Current employer:** | | | | |  | | | | | | | | |
| **Anticipated completion date of CCT:** | | | | | | | | | | /     / | | | |
| **Current qualifications:**   |  |  |  | | --- | --- | --- | | **University/College/HEI** | **Qualification(s)** | **Date Awarded** | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Section 3 – (a) (b) Details of proposed course** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Type of qualification:** | | | Postgraduate Certificate  Postgraduate Diploma  Masters  *Other (please specify):* | | | | | | | | | | |
| **Full name of qualification:** | | | | | | |  | | | | | | |
| **Provider of qualification:**  *(including postal address)* | | | | | | |  | | | | | | |
| **Type of course** | | Distance learning  Face to face | | | | | | | | | | | |
| **Is this course provided within the Peninsula Deanery and/or Severn Deanery geographic area?** | | | | | | | Yes  No | | | | | | |
| **Please indicate why you are not accessing the same or similar course run by an HEI in the Peninsula or Severn footprint** | | | | | | |  | | | | | | |
| **Has a place already been secured on this course?** | | | | | | | Yes  No  (Funds will not be released until the Postgraduate Medical Education office receives confirmation of this). | | | | | | |
| **Evidence of provider availability (e.g. a letter from the provider accepting your application to start on the course or offering you a placement)** | | | | | | | Yes  No | | | | | | |
| **Total length of course:** |  | | | **Start date of course:** | | | |  | | | **Anticipated end date of course:** | |  |
| |  |  |  | | --- | --- | --- | | **Section 4 – Funding requested** | | | |  |  | | **Total overall course cost:** | £ | | **Breakdown of the yearly cost of course (any allocations will be made on the basis of the information presented)** | | | Year 1 | £ | | Year 2 | £ | | Year 3 | £ | | Year 4 | £ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Year of course requiring funding:** |  | | | **Start date of year requiring funding:** | | | |  | | | | **Anticipated end date of year requiring funding:** |  |
| **Funding required (no more than 50% of course cost):** | | | | | | | £ | | | | | | |
|  | | | | | | | | | | | | | |
| **Section 5 – Applicant eligibility** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Training programme at start of course year** | | | | | |  | | | | | | | |
| **Employer at start of course year:** | | | | | |  | | | | | | | |
| **Post occupied at start of course year:** | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | |
| **Have you been awarded a bursary from Peninsula or Severn Postgraduate Medical Education in the last 12 months?**  Yes  No  (Please delete as applicable)  **If ‘Yes’, please detail the course name and funding award dates:** | | | | | | | | | | | | | |
| **Is this qualification included within your Personal Development Plan (PDP)?** | | | | | | | | | Yes  No | | | | |
|  | | | | | | | | | | | | | |

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| **Please provide any information regarding management and leadership course you have attended? (approx. 250 words)** |
|  |
|  |
| **Why do you want to do this course? (approx. 250 words)** |
|  |
|  |
| **Please provide a summary of practical examples of how you intend to use this qualification in the next 3 years? (approx. 250 words)** |
|  |
|  |
| **How do you intend to undertake the course and commit time to this qualification? (approx. 250 words)** |
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|  |
| **Describe how the local NHS will benefit from this course? (approx. 250 words)** |
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| **Section 6 – Declarations** | | |
|  | | |
| **I as the DME / TPD / Education Supervisor** for this trainee support this application and confirm that this qualification:   * is detailed within their PDP; * will benefit the trainees medical career; * will benefit the local NHS. | | |
| **Full Name** (in CAPS): | |  |
| **Employer** (in CAPS): | |  |
| **GP Practice (if required)** | |  |
| **Contact email address:** | |  |
| **DME / TPD / Educational Supervisor signature:**  **(Delete as applicable)** | | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* |
| **Date signed:** | | /     / |
|  | | |
| **I, the trainee**, confirm that:   * the information provided in this application is true and accurate; * I have read and understood the Bursary application and award process; * I understand I may be requested to repay any funds awarded to me should I fail to complete the funded element of the course or defer the course without notification to the Bursary Team, HEE * I understand that any sponsorship or funds received from another NHS source, for this course, will invalidate this application and I will reimburse the funds awarded to me to the Postgraduate Medical Education office. * I am not Out of Programme or will be during the year for which I am applying for funding. * I understand that I am required to pay the course fees in **FULL** and can then claim the awarded amount back by completing the provided invoice template and providing proof of payment. | | |
| **Full Name:**  **(block capitals)** |  | |
| **Trainee signature:** | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* | |
| **Date signed:** | /     / | |

**NB:** This application form will not be considered without the relevant support or signatures. Please ensure all relevant signatures have been obtained prior to submitting this application form.

**Bursary Fund Scoring Framework 2019/20**

**Scoring Matrix**

|  |  |
| --- | --- |
| **Sections 4&5 Funding Requirements and Eligibility** | |
| **5** | * **The course is included in the applicants PDP** * **A thorough and clear rationale for the trainee wanting to undertake the course and is an integral element of the applicant’s long term goals** * **A thorough and clear description of how the course will benefit the trainee (eg significant impact on developing skills within the region)** * **A thorough and clear description of how the course will benefit the local NHS (e.g impact on local service provision)** * **Answer demonstrates a clear comprehension of the impact of the course of study on the wider organisation and / or teams (eg improvement on medical education within the region)** |
| **3** | * **The course is included in the applicants PDP** * **A clear rationale for the trainee wanting to undertake the course** * **A clear description of how the course will benefit the trainee** * **A clear description of how the course will benefit the local NHS and answer demonstrates a clear understanding of the long term impact of the course of study and/or some awareness of how the course impacts on the wider organisation or teams** |
| **2** | * **The course is included in the applicants PDP** * **A brief rationale for the trainee wanting to undertake the course** * **A brief statement concerning the contribution of the course to the local NHS and patient care** * **A brief statement to the long term impact of the course or the impact on the wider NHS and teams** |
| **1** | * **The course is included in the applicants PDP** * **A brief statement relating to the contribution to career development or patient care** * **Answers do not address all criteria satisfactorily** |
| **0** | * **The course isn’t included in the applicants PDP** * **No clear statement of how the course will relate to overall career development or patient care** * **Statements poorly communicated** * **Answers do not address all criteria** |

**Funding Award process**

All applications will be ranked on their score by the Funding Panel.

A Bursary will be awarded to the top highest scored applications.

If an application has scored highly but there are insufficient funds available to support the application in its entirety then the Funding Panel can award part of the required funds, this will be made known to the applicant by way of letter.

All applications will be date stamped and timed on receipt and funds may be determined on a first come first served basis if there are multiple high scores and insufficient funds.

The decision of the Panel is final. There is no appeal process for this funding.

**For office use only:**

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| **Section 3 (a) Details of proposed course** |  |  |
| * **A Postgraduate qualification (e.g. Postgraduate Diploma, MSc) from a recognised academic Institution in any subject** | **2** |  |
| * **Professional course from a recognised UK provider (e.g Institute of Leadership and Management)** | **1** |  |
| * **Blank box** * **Institution not a recognised UK provider** * **Course detailed is a professional membership exam (e.g MRCS/MRCP)**   **Course detailed is a short-term course that should be covered by study leave funding allocated at Trust level** | **0** |  |
| **Section 3 (b)** |  |  |
| * **Has secured a place with the provider and evidence provided** | **4** |  |
| * **Has submitted an application to the provider and evidence provided** | **3** |  |
| * **Has secured a place / submitted an application to the provider but no evidence** | **1** |  |
| * **No place secured / application and no evidence** | **0** |  |
| **Section 4** |  |  |
| * **The funding request is for 50% of the fee for the application year** | **4** |  |
| * **Hasn’t identified clearly when funding is requested** | **0** |  |
| **Section 5** |  |  |
| * **Scores awarded by panel – see previous page** |  |  |
| **Section 6 Declarations** |  |  |
| * **All sponsors have signed the application form** | **3** |  |
| * **Sponsors have not signed the application form** | **0** |  |
| **Received funding within the last 12 months** |  |  |
| * **Yes** | **0** |  |
| * **No** | **2** |  |
| **Signed and attached the GDPR authorisation Form for Consent** |  |  |
| * **Yes** | **2** |  |
| * **No** | **0** |  |
| **Total** |  |  |

**GDPR authorisation.**

Dear Applicant

In the past we have had difficulty gaining information from the course provider where trainees have secured a place. This is owing to Data Protection.

We require signed consent from an applicant to enable a Deanery representative administering the funds to communicate with the relevant course provider regarding our financial contribution, and confirmation of a trainee having started the course.

**Please complete the information and sign below in order for the Deanery to receive and request information relating to the course and course payment.**

Thank you

To University of …………………………………

Health Education England will be sponsoring all or part of my tuition fees for the ………………………………………………………………………………….......…… (name of course) academic year ……………………………….

I (name in block capitals): ……………………...............…………………….…………… Student number: ……………..………………..

I give permission for any Southwest Deanery representative supporting a financial contribution to have access to any requests for information relating to the course and the tuition fees.

Signed: …………………..……………..…… Date: ………..…………………

**Please return this form to:**

Evette May (Business Support Officer)

Plumer House

Tailyour Road

Crownhill

Plymouth PL6 5DH