

**Application Form 2019/20 for Exeter and Plymouth Universities Postgraduate Certificates**

**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. 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)* | supercalifragilisticexpialidocious | | | |
| 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 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** | | | | | | |
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| **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:** | | | | | | /     / |
| **Qualifications:**   |  |  |  | | --- | --- | --- | | **University/College/HEI** | **Qualification(s)** | **Date Awarded** | |  |  |  | |  |  |  | |  |  |  | | | | | | | |
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| **Section 3 – Details of the proposed course** | | | | | | |
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| Please tick preferred option. | | | | | | |
| |  |  | | --- | --- | | **Tick as appropriate** | | | **University of Plymouth** | **University of Exeter** | | Postgraduate Certificate in Education (Medical) |  |  | | Postgraduate Certificate in Healthcare, Leadership & Management |  |  | | Postgraduate Certificate in Healthcare Improvement and Patient Safety |  |  | | Postgraduate Certificate in Global Health |  |  | | Postgraduate Certificate in Public Health |  |  | | Postgraduate Certificate in Health Services Improvement |  |  | | | | | | | |
| **Section 4 – Funding requirements** | | | | | | |
|  | | | | | | |
| **Has a place already been secured on this course?** | Yes  No | | | **If no, please give a reason;** | | |
| **Evidence of provider availability must be attached** | | | | | tick if attached | |
|  | | | | |
| **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  (Please delete as applicable) | | | |
|  | | | | | | |
| **Please provide any information regarding management and leadership course you have attended? (approx. 250 words)** | | | | | | |
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|  | | | | | | |
| **Why do you want to do this course? (approx. 250 words)** | | | | | | |
|  | | | | | | |
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| **Please provide a summary of practical examples of how you intend to use this qualification in the next 3 years? (approx. 250 words)** | | | | | | |
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|  | | | | | | |
| **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** | | |
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| **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 block CAPS): | |  |
| **Employer** (in block CAPS): | |  |
| **GP Practice (if required)** | |  |
| **Contact email address:** | |  |
| **DME/ TPD / Education 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 agree to pay 50% of the course fee for the year of application to the University; * 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. | | |
| **Full Name:**  **(block capitals)** |  | |
| **Trainee signature:** | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* | |
| **Date signed:** | /     / | |

**NB:** This application form will notbe considered without the relevant support and documentation. Please ensure all signatures have been obtained prior to submitting this application form.

**Exeter and Plymouth University Postgraduate Certificate**

**PGcert Scoring Framework 2019/20**

**Scoring Matrix**

|  |  |
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| **Section 5 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 (eg 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 (e.g 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** | * **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 4** |  |  |
| * **Has secured a place with the provider and evidence provided** | **4** |  |
| * **Has secured a place but no evidence** | **1** |  |
| * **No place secured and no evidence** | **0** |  |
| **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