**SAS Bursary Application Form 2023/24**

**Associate Specialists, Staff Grades and Specialty Doctors and Dentists.**

**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 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** |

**The information provided in section 1 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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| **Applicant surname\*:** |  |
| **Applicant forenames\*:** |  |
| **GMC/GDC number:** |  |
| **Preferred email address for communicating with you\*:** |  |
| **Mobile number\*:** |  |
| **Postal address\*:**  *(including postcode)* |  |
| **Please give details of your ethnicity:**  *(Please leave blank if you prefer not to answer)* |  |
| **Do you describe yourself to have a disability as described under the Equality Act 2010:** | Yes / No / Prefer not to answer |
| **Please confirm your working arrangements:** | Less Than Full Time / Full Time |
| **Please indicate your gender:** | Male / Female / Other / Prefer not to answer |

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| **Section 2 – Current employment and professional & academic qualifications** |

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

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| **University/College/HEI** | **Qualifications** | **Date Awarded (Year only)** |
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| **Section 3 – Details of proposed course** |

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| **Level of qualification: (e.g. PgCert, PgDip, MSc)** |  |
| **Full name of qualification:** |  |
| **Provider of qualification:**  **(including postal address)** |  |
| **Type of course** | Distance learning                 Face to face |
| **Link to course page on the providers website:** *(please copy & paste URL)* |  |
| **Total length of course:** |  |
| **Start date of course:** |  |
| **Anticipated end date of course:** |  |

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| **I am applying for MA/MSc** | **Yes** *(Provide details below)* | |
| **No** *(Go to section 4)* | |
| **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 provider at which they were studied:** | | |
| **Course/Module title:** |  | |
| **Provider:** |  | |

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| **Section 4 – Funding requirements** |

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| **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)* | | | **£** | | | |

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| **Has a place already been secured on this course?** (Funds will not be released until the Postgraduate Medical Education office receives confirmation of this) | | Yes / No |
| **Have you attached evidence of your place on the course?** (e.g. a letter from the provider accepting your application to start on the course or offering you a placement) | | Yes / No |
| **If no evidence, please provide reason:** |  | |
| **Have you applied for or will you receive other funding towards this course?** | | Yes / No |
| **Where will the funding come from/ who will provide the funding?** |  | |
| **How much funding have you requested/are expecting?** | | £ |
| **Have you been awarded a bursary from South West Postgraduate Medical Education Deanery (Peninsula/Severn) in the last 12 months?**    Yes / No    **If ‘Yes, please detail the course name and funding award dates:** | | |

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| **Section 5 – Applicant eligibility** |

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| **Employer at start of course year:** |  |
| **Post occupied at start of course year:** |  |

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| **Why do you want to do this course? (Max. 250 words)** |
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| **Please detail your career development plans (max. 250 words)** |
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| **Please provide a statement setting out how the course of study you wish to pursue will contribute to;**   1. **Your career development (max.250 words)** 2. **Patient care (max.250 words)** |
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| **Section 6 - Declarations** |

**NB:** This application form will not be considered without the relevant supporting documentation or signatures. Please ensure all relevant signatures/supporting emails have been obtained prior to submitting this application form. Any supporting emails MUST be attached.

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| **NHS England South West recommends that you discuss your application with your Line manager. Please confirm that you have discussed this with your departments Lead/Consultant.** | | |
| **I confirm that I have discussed my application with the following person who supports my submission:** | | Yes |
| **Full Name:** *(block capitals)* |  | |
| **Job Title:** |  | |
| **Contact email address:** |  | |
| **Directorate:** |  | |
| **Signature** | (An email in support of this application will be accepted in place of a wet signature) | |
| **Date signed/date of supporting email:** *(supporting email must be attached to application)* |  | |

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| I, the applicant, confirm that:   * The information provided in this application is true and accurate. * I have read and understood the SAS Fund application and award process. * I have declared all sources of funding. * I understand that any sponsorship or funds received from another provider/source to pay for this course, needs to be declared as it may invalidate this application. * I will be employed in an NHS organisation in the South West region during the year for which I am applying for funding. * I am aware of the course commencement date and financial aspects of the course. * I understand that if successful in obtaining a bursary through this scheme, NHS England South West Postgraduate Medical Education (Peninsula & Severn) will fund up to 50% (capped at £3500) of the total course fee for the year in which I am applying. * I understand that I will be responsible for the remaining amount without any recourse to any funds from another NHS source. * 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. * I understand that NHS England South West Postgraduate Medical Education (Peninsula & Severn) reserve the right to request evidence of my contribution to the course fees. * 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, NHS England South West. | |
| **Full Name:** *(block capitals)* |  |
| **Applicant signature:** |  |
| **Date signed:** | /     / |

***Please return the completed application by Sunday 11th June to:***

[***bursary.sw@hee.nhs.uk***](mailto:Penbursary.sw@hee.nhs.uk) ***with the subject heading; SAS Bursary Application.***

**GDPR authorisation.**

Dear Applicant

In the past we have had difficulty sharing relevant information with the course provider when a candidate has applied and secured a place on the course. This is owing to Data Protection.

We require signed consent from an applicant to enable a Deanery representative administering the application and funds to communicate with the relevant course provider regarding the application process and our financial contribution.

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

Thank you.

To University of …………………………………

NHS England South West 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 a PGMDE Southwest Deanery representative, supporting the application process and financial contribution, to have access to any requests for information relating to the course and the tuition fees.

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

**SAS Scoring Framework 2023/24**

**Scoring Matrix**

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| **Section 5: Why do you want to do this course? (max. 250 words)** | |
| **3** | A thorough and clear rationale for the applicant wanting to undertake the course and is an integral element of the applicant’s long-term goals. |
| **2** | An adequate rationale for the applicant wanting to undertake the course. |
| **1** | A brief rationale for the applicant wanting to undertake the course. |
| **0** | No clear rationale for the applicant wanting to undertake the course. |
| **Section 5: What are your career development plans? (max. 250 words)** | |
| **3** | Career development plans clearly defined. |
| Plans relate to a long-term career strategy. |
| Evidence or examples given of efforts already made to attain these plans. |
| Career development plans are related to the wider organisation or team within which the applicant works. |
| **2** | Career development plans clearly defined. |
| Plans loosely relate to a long term strategy and/ or reference is made to the wider organisation or team within which the applicant works. |
| **1** | Awareness of career development plans but described only in limited detail. |
| No long term strategy referred to explicitly. |
| **0** | No clear statement of career development plans. |
| Examples and text do not relate to the question. |
| **Section 5: 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. 500 words)** | |
| **4** | A thorough and clear description of how the course will contribute to career development. |
| A thorough and clear description of how the course will contribute to patient care. |
| Clear description of the long term impact of the course to career development and patient care. |
| Answer demonstrates a clear comprehension of the impact of the course of study on the wider organisation and/ or teams. |
| **3** | A moderately clear description of how the course will contribute to career development. |
| A moderately clear description of how the course will contribute to patient care. |
| A moderately clear description of the long term impact of the course and/ or some awareness of how the course impacts on the wider organisation or teams. |
| **2** | A brief statement concerning the contribution of the course to career development. |
| A brief statement concerning the contribution of the course to patient care. |
| No reference to the long term impact of the course or impact on the wider organisation. |
| **1** | A brief statement relating to the contribution of the course to career development or patient care. |
| Answer does not address all parts of the question. |
| **0** | No clear statement of how the course will relate to overall career development or patient care. |

**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.

**For office use only:**

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| **Section 2 – Current employment and professional & academic qualifications** | |
| * **No further qualifications (academic or professional) other than graduate medical degree.** | **Y/N** |
| * **Membership exam completed but no postgraduate or additional qualification and/ or Additional undergraduate degree obtained.** | **Y/N** |
| * **Postgraduate qualification obtained (e.g. Masters, PhD).** | **Y/N** |
| **Section 3 - Details of proposed course** | |
| * **A Postgraduate qualification (e.g. Postgraduate Diploma, MSc, PhD) from a recognised UK academic institution in any subject.** | **Y/N** |
| * **Professional course from a recognised UK provider (e.g. Institute of Leadership and Management).** | **Y/N** |
| **Section 4 - Received funding within the last 12 months** | |
| * **Has secured a place with the provider and evidence provided** | **Y/N/Pending** |
| * **Has submitted an application to the provider and evidence provided** | **Y/N/Pending** |
| * **12mths** | **Y/N** |
| **Section 5** | |
| * **Scores awarded by panel – see previous page** |  |
| **Section 6 Declarations** | |
| * **Have all sponsors signed the application form or provided support via email** | **Y/N** |
| **GDPR authorisation Form** | |
| * **Has the GDPR authorisation Form been signed and returned** | **Y/N** |