

**Postgraduate Certificate in Education (Medical)**

 **Application Form Jan 2019 for a Bursary**

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.

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| --- |
| **Section 1 – Personal details** |
|  |
| **Applicant surname:** |       |
| **Applicant forenames:** |       |
| **GMC Number:** |       | **NTN Number:***(where applicable)* |       |
| **Email address (work):** |       |
| **Email address (home):** |       |
| **Mobile number:** |       |
| **Postal address:***(including postcode)* |       |
| NB. **This information will be used to correspond with you regarding your application, therefore please ensure that we have the best contact details for you. This page will not form part of the decision and will not be shared with the Funding Panel.** |
| LESS THAN FULL TIME / FULL TIME (delete as applicable)ETHNICITY       MALE / FEMALE (delete as applicable)Do you consider you have a disability as described in the Equality Act 2010 YES / NO Page intentionally left blank.Document continues below. |
| **Section 2 – Current training details and professional and academic qualifications achieved** |
|  |
| **Current training programme** |       |
| **Current training grade** | CT [ ]  ST [ ]  GPST [ ]  Academic [ ]   |
| **Current training year:** | 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  |
| **Current training post:** |       |
| **Current employer:** |       |
| **Anticipated completion date of F/CT training *OR* Anticipated CCT date:** |      /     /      |
| **Qualifications:**

|  |  |  |
| --- | --- | --- |
| **University/College/HEI** | **Qualification(s)** | **Date Awarded** |
|  |  |  |
|  |  |  |
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| **Section 3 – Details of the proposed course** |
|  |
| **Type of qualification:** | Postgraduate Certificate in Education (Medical)  |
| **Provider of qualification:** | Plymouth University, Plymouth Devon |
|  |
| **\*PLEASE COMPLETE SECTIONS 4 AND 5 ON A SEPERATE PAGE\*****Section 4 – Funding requirements** |
|  |
| **Start date of course for which funding is required:**(Month and Year) | Jan 2019 |
| **Has a place already been secured on this course?** | Yes [ ]  No [ ]  |
| **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 Postgraduate Medical Education or Severn Postgraduate Medical Education in the past 2 years?** | Yes [ ]  No [ ] (Please delete as applicable) |
| **Is this qualification included within your Personal Development Plan (PDP)?**Yes [ ]  No [ ] (Please delete as applicable)**If ‘Yes’, please detail the course name and funding award dates:** |
|  |
| **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)** |
|       |
|  |
| **Describe how the local NHS will benefit from this course? (approx. 250 words)** |
|       |

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| **\*PLEASE COMPLETE SECTION 6 ON A SEPERATE PAGE\*****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 / 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 Postgraduate Certificate in Education (Medical) Bursary application and award process;
* I agree to pay 50% of the course fee for the year of application;
* 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 Senior Business and Education Manager at the Peninsula Postgraduate Medical Education office.
* 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.

**Postgraduate Certificate in Education (Medical)**

**PGCE Scoring Framework 2018/19**

**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)**
 |
| **4** | * **The course is included in the applicants PDP**
* **A moderately clear rationale for the trainee wanting to undertake the course**
* **A moderately clear description of how the course will benefit the trainee**
* **A moderately clear description of how the course will benefit the local NHS and answer demonstrates a moderately 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:**

|  |  |  |
| --- | --- | --- |
| **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 2 years** |  |  |
| * **Yes**
 | **2** |  |
| * **No**
 | **0** |  |
| **Signed and attached the Declaration Form for Consent** |  |  |
| * **Yes**
 | **0** |  |
| * **No**
 | **2** |  |
| **Total**  |  |  |

Dear Applicant

In the past we have had difficult gaining information from the University to which trainees have applied for a course owing to Data Protection.

We require signed consent from an applicant in order for the PGME to communicate with the relevant Higher Education Institute regarding the PGME contribution of 50% of that year’s fees, and confirmation of a trainee having started the course.

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

**Thank you**

To University of ………………………………..

I (Name in Block Capitals) ………………………………………………… give consent to the Peninsula Postgraduate Medical Education (PGME) representative to have access to any requests for information relating to the …………………………………………………… (name of course) of which 50% has been funded by HEE, Southwest Postgraduate Medical Education office (SWPGME).

Signed: …………………………………………………………………………

Date: ………………………………………………

**Please return this form, together with your application form to:**

Senior Business and Education Manager (Bursary)

Health Education England

Plumer House

Crownhill

****Plymouth, PL6 5DH