**Bursary Fund Application Form 2020/21**

**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** |

**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 Number:** |  | **NTN Number:**(Where applicable) |  |
| **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) |  |
| **Are you considered an overseas trainee – ie require a Tier 2 visa to work in the UK** | Yes / No |
| **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 training details and professional and academic qualifications** |

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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:**

|  |  |
| --- | --- |
| **Have you previously attended the Professional and Generic Skills course?** | Yes / NoDate started ………....…… Date completed ……..………… |
| **Have you booked to attend the Professional and Generic Skills course?** | Dates booked: \_\_\_\_\_\_\_\_ |

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| **University/College/HEI** | **Qualification(s)** | **Date Awarded** |
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| **Section 3 – (a) (b) Details of proposed course** |

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| **Type of qualification:** | Postgraduate Certificate Postgraduate Diploma  |
| **Full name of qualification:** |  |
| **Provider of qualification:****(including postal address)** |  |
| **Type of course** | Distance learning Face to face  |
| **Is this qualification available within the South West Postgraduate Medical Education Deanery (Peninsula/Severn) geographic area?** | Yes / No |
| **Are you applying to complete this qualification within the South West Postgraduate Medical Education Deanery (Peninsula/Severn) geographic area?** | Yes / No |
| **If no, please indicate why you are not accessing the same or similar course run by an HEI in the South West Postgraduate Medical Education Deanery (Peninsula/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) |
| **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:**  |  |

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| **Total length of course:** |  | **Start date of course:** |  | **Anticipated end date of course:** |  |

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| **Section 4 – Funding requested** |

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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** | £ |

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| **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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| **Have you applied for or will you receive other funding towards this course?** | Yes / No |
| **Provider:** |  |
| **Amount:** | £ |

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| **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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| **Training programme at start of course year:** |  |
| **Employer at start of course year:** |  |
| **Post occupied at start of course year:** |  |
| **Is this qualification included within your Personal Development Plan (PDP)?** | Yes / No |

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| **Please provide any information regarding management and leadership courses 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** |

**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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| **I, as the DME / TPD / Educational Supervisor** for this trainee support this application and confirm that:* this qualification is detailed within their PDP;
* this qualification will benefit the trainees medical career;
* this qualification will benefit the local NHS;
* the trainee meets the required level of fluency in the English language to attend the course;
 |
| **Full Name** (in CAPS): |  |
| **Employer** (in CAPS): |  |
| **GP Practice** (if required): |  |
| **Contact email address:** |  |
| **DME / TPD/ Educational Supervisor signature:**(Delete as applicable) | (An email from the DME, TPD or ES 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 trainee,** confirm that 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 have declared all sources of funding.
* I understand that any sponsorship or funds received from another provider/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 (excluding OOPT) 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.
 |
| **I am on an OOPT** | Yes / No |
| **Full name** (block capitals): |  |
| **Trainee signature:** | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* |
| **Date signed:** |  |

***Please return the completed application by 5pm on the closing date to:***

***Penbursary.sw@hee.nhs.uk*** ***with the subject heading; Bursary Application.***

**GDPR authorisation**

Dear Applicant

In the past we have had difficulty sharing relevant information with the course provider when a trainee 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 …………………………………

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 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: ………..…………………



**Bursary Fund Scoring Framework 2020/21**

**Scoring Matrix**

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| **Sections 5 Funding Requirements and Eligibility** |
| **5** | * **The course is included in the applicant’s 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 applicant’s 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 applicant’s 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 applicant’s 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 applicant’s 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**
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**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 2 – Current training details and professional and academic qualifications achieved** |
| * **Have previously attended the Professional and Generic Skills course.**
 | **Y/N 0** |
| * **Have booked to attend the Professional and Generic Skills course.**
 | **Y/N 1** |
| * **Have not previously attended the Professional and Generic Skills course.**
 | **Y/N 2** |
| **Section 3 (a) Details of proposed course** |
| * **A Postgraduate qualification (e.g. Postgraduate Diploma) 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 (a)** |
| * **The funding request is for 50% of the fee for the application year**
 | **4** |  |
| * **Hasn’t identified clearly when funding is requested**
 | **0** |  |
| **Section 4 (b) Received funding within the last 12 months** |
| * **Yes**
 | **0** |  |
| * **No**
 | **2** |  |
| **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** |  |
| **Signed and attached the GDPR authorisation Form for Consent** |
| * **Yes**
 | **2** |  |
| * **No**
 | **0** |  |
| **Total**  |  |