**Application Form 2020/21 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 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.** | | | | |
| **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 consider 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 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:**   |  |  | | --- | --- | | **Have you attended the Professional and Generic Skills course?** | Yes / No  Date started: …………… Date completed: ………… | | **Have you booked to attend the Professional and Generic Skills course?** | Dates booked: ……………………………. |  |  |  |  | | --- | --- | --- | | **University/College/HEI** | **Qualification(s)** | **Date Awarded** | |  |  |  | |  |  |  | |  |  |  | | | | | |
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| **Section 3 – Details of the proposed course** | | | | |
| Please tick your preferred course option and university provider: | | | | |
| |  |  | | --- | --- | | **University of Exeter** | | | Postgraduate Certificate in Clinical Education |  | | Postgraduate Certificate in Healthcare Leadership & Management |  | | Postgraduate Certificate in Public Health |  | | **University of Plymouth** | | | Postgraduate Certificate in Clinical Education |  | | Postgraduate Certificate in Healthcare Management, Leadership & Innovation |  | | Postgraduate Certificate in Healthcare Improvement and Patient Safety |  | | Postgraduate Certificate in Global Health |  | | | | | |
| **Section 4 – Funding requirements** | | | | |
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| **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:** | |  | | |
|  | |  | | |
| **Have you applied for or will you receive other funding towards this course?** | | Yes / No | | |
| **Provider:** | |  | | |
| **Amount:** | | £ | | |
|  | |  | | |
| **Have you been awarded a bursary from South West Postgraduate Medical Education Deanery (Peninsula/Severn) in the last 12 months?**  Yes  No  (Please delete as applicable)  **If ‘Yes’, please detail the course name and funding award dates:** | | | | |
|  | |
| **Section 5 – Applicant eligibility** | | | | |
|  | | | | |
| **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 |
|  | | | | |
| **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** | | |
| **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. | | |
| **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 trainee’s medical career; * will benefit the local NHS. * The trainee meets the required level of fluency in the English language | | |
| **Full Name** (in CAPS): | |  |
| **Employer** (in CAPS): | |  |
| **GP Practice** (if required) | |  |
| **Contact email address:** | |  |
| **DME/ TPD / Education 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) | | /     / |
|  | | |
| **I, the trainee,** confirm that:   * the information provided in this application is true and accurate; * I have read and understood the Bursary application to undertake one of the supported Post graduate certificate qualifications 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 have disclosed 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 am on an OOPT** | Yes / No | |
| **Full Name** (in CAPS)**:** |  | |
| **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:***

[***PenPGCE.SW@hee.nhs.uk***](mailto:PenPGCE.SW@hee.nhs.uk) ***with the subject heading; PGC Fund.***



**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: ………..…………………



**Exeter and Plymouth University Postgraduate Certificate**

**PGcert Scoring Framework 2020/21**

**Scoring Matrix**

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| --- | --- |
| **Section 5 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 (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 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** | * **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 2** | | |
| * **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** | |
| * **Qualification included within their PDP** | **Y/N 2** | |
| **Section 4 (a)** | | |
| * **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 4 (b)** | | |
| * **Has received funding within the last 12 months** | **0** |  |
| * **Has not received funding within the last 12 months** | **2** |  |
| **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** |  | |