

Peninsula Postgraduate Medical Education

Severn Postgraduate Medical Education

**Bursary Fund Application Form**

**2018/19**

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** |
|  |
| **Applicant surname:** |       |
| **Applicant forenames:** |       |
| **GMC Number** |       | **NTN Number:***(where applicable)* |       |
| **Email address (Home):** |       |
| **Email address (Work):** |       |
| **Mobile number:** |       |
| **Postal address:***(including postcode)* |       |
| 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 2010Yes / 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** |
|  |
| **Current training programme** |       |
| **Current training grade** | F [ ]  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:** |      /     /      |
|

|  |  |  |
| --- | --- | --- |
| **University/College/HEI** | **Qualification(s)** | **Date Awarded** |
|  |  |  |
|  |  |  |
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| **Section 3 – (a) (b) Details of proposed course** |
|  |
| **Type of qualification:** | Postgraduate Certificate [ ]  Postgraduate Diploma [ ]  Masters [ ]  *Other (please specify):*       |
| **Full name of qualification:** |       |
| **Provider of qualification:***(including postal address)* |       |
| **Type of course** | Distance learning [ ]  Face to face [ ]  |
| **Is this course provided within the Peninsula PGME and/or Severn PGME geographic area?** | Yes [ ]  No [ ]  |
| **Please indicate why you are not accessing the same or similar course run by a HEI in the Peninsula or 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). |
| **Evidence of provider availability (e.g. a letter from the provider accepting your application to start on the course or offering you a placement)** | Yes [ ]  No [ ]       |
| **Total length of course:** |       | **Start date of course:** |       | **Anticipated end date of course:** |       |
| **Total overall course cost:** | £      |
| **Breakdown of the yearly / module cost of course (any allocations will be made on the basis of the information presented)** |
| **Year 1** | **£** |
| **Year 2** | **£** |
| **Year 3** | **£** |
| **Year 4** | **£** |
|  |
|  |
| **\*PLEASE COMPLETE SECTIONS 4 AND 5 ON A SEPERATE PAGE\*****Section 4 – Funding requested**  |
|  |
| **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):** | £      |
|  |
| **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 in the past 2 years by either postgraduate medical education offices** | Yes [ ]  No [ ]  |
| **Is this qualification included within your Personal Development Plan (PDP)?**Yes [ ]  No [ ] **If ‘Yes’, please detail the course name and funding award dates:** |
|  |
| **Please give practical examples how you intend to use this qualification in the next 3 years and how the NHS will benefit?** *(approx. 250 words)* |
|       |
|  |
| **Describe how you will manage your current employment contract and commit time to the course?** *(approx. 250 words)* |
|       |
|  |
| **Why do you wish to do the course?** *(approx. 250 words)* |
|       |

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| **\*PLEASE COMPLETE SECTION 6 ON A SEPERATE PAGE\*****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 CAPS): |       |
| **Employer** (in CAPS): |       |
| **GP Practice (if required)** |       |
| **Contact email address:** |       |
| **DME / TPD / Educational 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 Head of Operations 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.
* 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 providing proof of payment.
 |
| **Full Name:** **(block capitals)** |       |
| **Trainee signature:** | *(****ONLY*** *scanned electronic signatures or wet signatures will be accepted)* |
| **Date signed:** |      /     /      |

**NB:**

This application form will not be considered without the relevant support or signatures. Please ensure all relevant signatures have been obtained prior to submitting this application form.

**Bursary Fund Scoring Framework 2018/19**

**Scoring Matrix**

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| **Sections 4&5 Funding Requirements and 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 (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)**
 |
| **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 3 (a) Details of proposed course** |  |  |
| * **A Postgraduate qualification (e.g Postgraduate Diploma, MSc) 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 provided evidence of a placement**
 | **3** |  |
| * **No evidence of a placement secured.**
 | **0** |  |
| **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**
 | **0** |  |
| * **No**
 | **2** |  |
| **Signed and attached the Declaration Form for Consent** |  |  |
| * **Yes**
 | **2** |  |
| * **No**
 | **0** |  |
| **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