**Application Form for PG Cert in Clinical Practice, Management and Education with the Medics Academy in collaboration with the University of Lancashire.**

**March 2022 intake**

**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 does not form part of the application and decision and will not be shared with the Funding Panel.**  **However, it is required to ensure eligibility and to correspond with you. Please ensure it is accurate and up to date.** | | | |
| **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:** | | / Prefer not to answer | |
| **Are you considered an oversees trainee and require a Tier 2 visa to work in the UK**  **If so please indicate when it expires** | | Yes / No  Expiry Date: | |
| **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** | | |
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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:** | | /     / |
| **Is this qualification included within your Personal Development Plan (PDP)?** | | Yes / No |
| **Qualifications:**   |  |  |  | | --- | --- | --- | | **University/College/HEI** | **Qualification(s)** | **Date Awarded** | |  |  |  | |  |  |  | |  |  |  |  |  |  | | --- | --- | | **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?** | Yes / No  Dates booked: | | | |
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| **Section 3 – Funding** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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 you expecting?** | | | £ | | **Has a place already been secured on this course?** (We will be unable to release any funding until the Postgraduate Medical Education office receives confirmation of this) | | | Yes / No | | **Have you attached evidence of your place on the course?** (Please note: identified correspondence from the provider accepting your application to start on the course or offering you a place on the course is acceptable) | | | Yes / No | | **If no evidence, please provide a reason:** |  | | | | **Have you been awarded a bursary from South West Postgraduate Medical Education Deanery (includes Peninsula/Severn) in the last 12 months?**  Yes / No  **If ‘Yes, please detail the course name and funding award dates:** | | | | | | |
| **Section 4 – Applicant submission** | | |
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| **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 5 – Declarations** | | |
| **NB:** We will be unable to consider this application without the relevant supporting documentation or signatures. Please ensure all signatures and supporting emails have been obtained and attached prior to submitting this application form. | | |
| **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:**  (Please ensure a supporting email is 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 the supported Post graduate certificate qualifications and award process. * I am applying to the Medics Academy (University of Lancashire) for the March 2022 intake only. * I agree to pay my contribution of the course fee for the year of application direct to the Healthcare Leadership Academy/Medics Academy. * 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 (including non-NHS sources), for this course, will invalidate this application and I will reimburse the funds awarded to me to the Postgraduate Medical Education office. * I am/will not be Out of Programme (excluding OOPT or OPPP) during the year for which I am applying for funding. * I will be employed in an NHS organisation in the South West region during the year for which I am applying for funding. * I will not CCT during the year for which I am applying for funding. | | |
| **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 17th October 2021 to:***

[**Penbursary.sw@hee.nhs.uk**](mailto:Penbursary.sw@hee.nhs.uk)***with the subject heading; Medics Academy.***



**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 the Healthcare Leadership Academy/Medics Academy

Health Education England will be sponsoring part of my tuition fees for the **PG Cert in Clinical Practice, Management and Education,** academic year March 2022 – March 2023.

I (name in block capitals): ……………………...............…………………….…………… Student number: ……………..……………….. (if known)

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: ………..…………………

