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**Rewarding Excellence within Obstetrics and Gynaecology.**

**APPLICATION FORM**

Please read the application guidance carefully before completing this form

Once completed please submit with any supporting evidence to [blackboardsupport.yh@hee.nhs.uk](mailto:blackboardsupport.yh@hee.nhs.uk)

Section 1 is for monitoring purposes only and will not be available to scoring panel members.

**Section 1**

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

Personal details

|  |  |  |
| --- | --- | --- |
| Title |  | |
| First name(s) |  | |
| Surname |  | |
| GMC Number |  |
| Address |  | |
| Postcode |  | |
| Email address |  | |

Please provide details of your current position and your place of work.

|  |  |
| --- | --- |
| Employing Trust |  |
| Training grade & date of expected CCT |  |

**Declaration**

The information that I have provided in this application form is true and correct to the best of my knowledge.

I have read and understood the guidelines under which the grant is awarded and if an award is made, I agree to abide by them.

Signed: Click here to enter text.

**Equality & Diversity**

MONITORING INFORMATION

In line with the NHS Equality Delivery System we are committed to promoting equality and eliminating unlawful discrimination.  We seek to achieve diversity by ensuring that no applicant receives less favourable treatment on grounds of (but not limited to) sex, race, colour, religion, marital status, sexuality, age, ethnic origin, or disability, or is placed at a disadvantage by conditions or requirements that cannot be shown to be justifiable.

Completion of the following questions is voluntary and for monitoring purposes only. Any information that you do provide will be treated in the strictest confidence and will not be available to panel members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of birth (DD/MM/YYYY) | Click here to enter a date. | | | |
| Gender | Female  Male | | | |
| Do you live and work in a gender other than that assigned at birth? | Yes  No | | | |
| I would describe my ethnic origin as: | | | | |
| Asian or Asian British  Bangladeshi  Indian  Pakistani  Any other Asian background | | Mixed  White & Asian  White & Black African  White & Black Caribbean  Any other mixed background | | Other Ethnic Group  Chinese  Any other ethnic group |
| Black or Black British  African  Caribbean  Any other Black background | | White  British  Irish  Any other White background | | I do not wish to disclose my ethnic origin |
| Please select the option which best describes your sexuality | | | | |
| Lesbian  Gay  Bisexual | | | Heterosexual  I do not wish to disclose my sexual orientation | |
| Please indicate your religious belief | | | | |
| Atheism  Buddhism  Christianity  Islam | | Jainism  Sikhism  Judaism | | Hinduism  Other  I do not wish to disclose my religion/belief |
| Do you consider yourself to have a disability? | | Yes No  I do not wish to disclose | | |
| Please state the type of impairment which applies to you.  People may experience more than one type of impairment, in which case you may indicate more than one.  If none of the categories apply, please mark ‘other’. | | | | |
| Physical Impairment  Sensory Impairment  Mental Health Condition | | | Learning Disability/Difficulty  Long-standing illness  Other | |

**Section 2**

**PLEASE ANSWER ALL QUESTIONS IN THIS SECTION**

Which section of the Bursary are you applying for? Please select ***only one.***

|  |  |  |
| --- | --- | --- |
| Meetings- National or International |  | **Please also complete section 3** |
| Postgraduate Certificates and Diplomas |  | **Please also complete section 4** |
| Special Skills Training or Learning |  | **Please also complete section 5** |

I confirm that I am currently on an ARCP 1.

I confirm that I have discussed my application with my Educational Supervisor

|  |
| --- |
| **Please provide a statement setting out how this award will contribute to your professional development** |
|  |

|  |
| --- |
| **Please provide a statement setting out how this award will contribute to improved patient care.** |
|  |

|  |
| --- |
| **Supporting statement from Educational Supervisor** |
| |  |  | | --- | --- | | Name of Trainer |  | | Date | Click here to enter a date. | |

**Section 3 – National or International Meetings**

**Please attach a copy of the Abstract or Poster with the Application**

**Meeting details**

|  |  |
| --- | --- |
| Name of meeting |  |
| Dates of meeting |  |
| Location of meeting (state if virtual) |  |
| Title of presentation |  |
|  |  |

**Details of expected costs.**

|  |  |
| --- | --- |
| Registration Cost for meeting |  |
| Expected travel costs |  |
| Estimated subsistence costs |  |
| Other Costs e.g. cost of poster printing. Please provide details |  |
| Total Amount applied for. |  |

|  |
| --- |
| Please explain why you wish to attend this meeting and how any learning from this meeting will be disseminated or how you will feedback on the experience |
|  |

**Section 4 - Postgraduate Certificates and Diplomas**

**Details of proposed course**

Please give details of the course that you are interested in completing You need to provide full details of the course costs even if you are only claiming for one aspect or module of the course. The maximum awarded is £1000 payable ***after*** course or module completion

|  |  |
| --- | --- |
| Name of Institution |  |
| Level of course  (e.g. MA / MSc / PG Cert etc.) |  |
| Title of course |  |
| /Titles of any modules completed/in progress module title(s) |  |
| Link to course page on the institution’s website (please copy and paste the URL here ⇨) |  |

|  |  |
| --- | --- |
| TOTAL length of course  (in months) | months |
| Date course commences (DD/MM/YYYY) & finishes |  |
| If you have already started this course please state the year / module of study that you are currently in (e.g. 1st / 2nd etc.) |  |

|  |  |
| --- | --- |
| TOTAL cost of course | £ |
| Please provide a breakdown of the yearly / module cost of your course. | |
| 1 | £ |
| 2 | £ |
| 3 | £ |
| Total Cost of Bursary application |  |

|  |
| --- |
| **Please detail your plans on how to demonstrate your new skills, disseminate information or provide feedback from your training experience?** |
|  |

**Section 5 - Special Skills Training / Learning**

**Only available to trainees who have obtained their MRCOG**

|  |  |
| --- | --- |
| Name of ATSMs being undertaken |  |
| Dates of Course/ Training Session(s) | Click here to enter a date. |
| Course or Training Provider |  |
| Location of course or Training |  |

**Details of expected costs.**

|  |  |
| --- | --- |
| Amount applied for (maximum £1000) | £ |
| Course Registration Fee | £ |
| Expected travel costs | £ |
| Other Costs e.g. subsistence  Please provide breakdown of expected or actual costs. | £ |

|  |
| --- |
| **Please detail your plans on how to demonstrate your new skills, disseminate information or provide feedback from your training experience?** |
|  |