Application form for education event bursary scheme

Please fill out the form below and email it to [nicola@anaesthetists.org](mailto:nicola@anaesthetists.org)

NB. Only one application is allowed per year per individual

|  |  |  |
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| **The information you provide will be treated in confidence and used only for the purpose of reviewing your application** | | |
| **Personal details** | | |
| Title: | |  |
| First name: | |  |
| Surname: | |  |
| GMC/IMC number: | |  |
| Date of birth: | | / / |
| Contact address: | |  |
| Telephone number: | |  |
| Email: | |  |
| Name of current/most recent employer: | |  |
| Job title: | |  |
| Current salary | |  |
| Association membership number: | |  |
| Have you received a financial grant from the Association before? If yes, please give details: | |  |
| Supporting statement for funding request | | |
| Please explain reasons for your request and provide some background, e.g. why your financial/personal circumstances affect your ability to pay for the event: | |  |
| Please provide evidence that you are unable to fund this yourself or obtain funding from another source e.g. your employer: | |  |
| Please provide proof of absence, e.g. a medical certificate: | |  |
| If you are currently absent from work, when will you be likely to return to employment?: | |  |
| Event information | | |
| Title of event: | |  |
| Date/s of event: | |  |
| Location of event: | |  |
| Learning objectives: | |  |
| Amount requested | | Event fee: part-fund 🖵 fully-fund 🖵 (please tick)  Amount: £............................................. Travel costs: £........................................................ |
| **Details of referee (dean, head of department, occupational health advisor)** | | |
| Name: |  | |
| Relationship: |  | |
| Address: |  | |
| Email: |  | |
| Telephone number: |  | |
| **I can confirm all the information provided in this application form, together with any other information that I may provide during the course of my application, is true and accurate to the best of my knowledge and belief.** | | |
| Applicant's signature: | |  |
| Date: | |  |
| **Please return application forms by early bird members’ deadline date for event registration. If there is no early bird rate, then it should be received no later then four months prior to the meeting taking place** | | |
| For enquiries please contact [nicola@anaesthetists.org](mailto:nicola@anaesthetists.org) | | |
| **For official use only** | | |
| Application received: | |  |
| Application processed: | |  |
| Funds awarded: | |  |