

Appendix 1

NHS 24 **BURSARY AWARD SCHEME APPLICATION FORM**

Please note that applications for the Bursary Award Scheme may only be made via completion of this form – no other means of application will be accepted

*****Please complete all sections fully*****

Incomplete applications may result in a delay which can impact on the ability of the Bursary Panel to consider your application timeously.

Should you have any questions or wish to discuss your application please contact:

Gayle Baxter
Learning & Development Advisor
Email: gayle.baxter@nhs24.scot.nhs.uk
Tel: 07771663856

All completed forms should be returned to:

Learning & Development Administrator (Bursary Application)
Clyde Contact Centre
5th Floor
Golden Jubilee National Hospital
Beardmore Street
Clydebank
G81 4HX

Note: Faxed or emailed copies of this form will NOT be accepted.

Section A: Personal Details

Please note that prior to submission of this application to the panel, the name will be replaced with an applicant number, in order to anonymise the application and allow it to be considered by the panel with full equity.

Name:

Position:

Work Base:

Contact telephone number(s):

Home:

Work:

Mobile:

Address for written correspondence:

Line Manager:

Have you previously applied for funding via NHS 24's Bursary Award Scheme? If YES, please give details:

Section B: Course Details

Title of course:

Place of study (name of organisation, college, university, etc):

Start date of course:

Duration of Course:
(e.g. 2 years)

Stage in this year:
(e.g. 1st year of 2 year course)

PLEASE NOTE THAT THE COST DETAILS OF THE COURSE MUST BE INCLUDED IN THIS APPLICATION

Total Cost of Course over the duration:

Total Cost in this year:

Method of Study:
(e.g. open learning, day release, evening study)

PLEASE ATTACH ANY FURTHER COURSE INFORMATION THAT IS AVAILABLE I.E. INFORMATION FROM PROSPECTUSES, WEBSITES, ETC.

Section C: Supporting Information (to be completed by the applicant)

1. What are your specific learning objectives for this programme/modules of study chosen? These should demonstrate relevance to your current role and the overall goals of NHS 24. Indicate specifically where your objectives are linked to Continuing Professional Development/Personal Development Plan/ KSF Outline.

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Section C: Supporting Information (to be completed by the applicant) - *continued*

- 2. How will you ensure that the knowledge/skills gained will be incorporated into your working practice? Please include details of the benefits of the study to yourself and your colleagues.**

- 3. How will the impact of this course be evaluated in the workplace?**

Section C: Supporting Information (to be completed by the applicant) - *continued*

- 4. Please provide a written statement in support of your application for consideration by the award panel (please continue on a separate sheet if necessary). Please attach any additional course information you have.**

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Section C: Supporting Information (to be completed by the applicant) - *continued*

- 5. If time will be required off from work during normal working hours, has an agreement been reached in principle with your line manager?**

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Section D: To be completed by Line Manager

*****THIS SECTION IS COMPULSORY*****

1. Do you support this application?

Yes

No

2. Please give detailed reasons for the answer above, with specific reference to KSF Outline/Continuing Professional Development/Personal Development Plan (please continue on a separate sheet if necessary).

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Section D: To be completed by Line Manager - *continued*

3. How will the impact of this course be evaluated in the workplace?

4. Where study leave is requested during normal working hours, has this been discussed and agreed in principle? (Please give details of the arrangements agreed).

Section E: Declaration - to be completed by Applicant and Line Manager

To the applicant and manager: Signing this application form demonstrates that you have read and understood the Bursary Award Scheme policy document.

Applicant Signature:

Date:

Managers Name:

Managers Signature:

Date:

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