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| **APPLICANT NAME:** | **CURRENT CLINICAL AND EDUCATION ROLES:** |
|  |  |
| **ADDRESS FOR CORRESPONDANCE:** | **EMAIL ADDRESS:** |
|  |  |
| **CURRENT QUALIFICATIONS:** | **WHICH POSTGRADUATE EDUCATION QUALIFICATION ARE YOU CONSIDERING APPLYING FOR? – Name course and institution.**  |
|  | *PLEASE NOTE THE MAXIMUM VALUE OF THE AWARD IS £3000* |
| **WHAT IS YOUR CURRENT ROLE IN EDUCATION?** (MAX 250 WORDS) |
|  |
| **IN WHAT WAY WILL THE COMPLETION OF THIS EDUCATION QUALIFICATION HELP YOU AS AN EDUCATOR?** (MAX 250 WORDS) |
|  |
| **WHAT WILL YOU DO TO IMPROVE TEACHING/TRAINING IN YOUR TRUST/SCHOOL IF YOU RECEIVE THIS AWARD?** (MAX 250 WORDS) |
|  |
| **Name and email address of line manager:** | **Have you discussed this application with your line manager, and have they agreed that you will have the time in your job plan?** |
|  |  |
| **Your Signature:** |  |
| **Date:** |  |

This form should be electronically submitted to **HEEM.Bursaries@nhs.net**