

## Funding for Academic Foundation Doctors

These notes provide guidelines about the application for funding.

This is not an application for study leave. Applicants must submit a separate application for study leave if applicable.

### Purposes for which Funding may be granted

Approved expenditure includes travel, conferences, training courses or similar to support the Academic Foundation Doctor and enhance their research awareness.

### Applications

Forms available via download at

<https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1640>

Please send the completed application to the Academic Foundation Programme Director, at least six weeks in advance:

University of Leicester: Professor Matt Bown: [mjb42@le.ac.uk](mailto:mjb42@le.ac.uk)

University of Nottingham: Dr Jon Dorling: [Jon.Dorling@nottingham.ac.uk](mailto:Jon.Dorling@nottingham.ac.uk)

Retrospective applications will not be considered under any circumstances. It is the responsibility of the applicant to obtain the required signatures and to deliver the completed form to the Academic Foundation Programme Director by the appropriate date.

The bursary will only support study leave taken either during the contracted period of the Academic Foundation programme or on completion of the Academic Foundation programme if the applicant is still a trainee within the East Midlands.

Applications must show full details of fees and expenses in Part III. If the actual amount is not yet known it must be indicated on the form that travelling and/or overnight expenses are to be claimed. It would normally be expected that the applicant would check costs and include verifiable calculations.

**The Academic Programme Co-ordinator will return any incomplete application forms.**

The bursary is for a maximum of £500 and covers the two years of Academic Foundation training.

### Expenses

**Accommodation & Subsistence** - If the applicant needs to stay away from home, a contribution towards costs will be awarded against receipts to the maximum of £100 in London and £85 elsewhere Bed & Breakfast. It is expected that applicants will stay in

the cheapest reasonable accommodation. Subsistence costs are contributed to at a rate of £5 breakfast, £5 lunch (providing the applicant is away from home for more than 5 hours and during the hours of 1200 – 1400), £15 dinner (providing the applicant is away from home for more than 10 hours and is due to return after 1900).

**Travel -**

- a) Rail Fare - 2nd class, return, season or cheap day, whichever is most economical, will be allowed.
- b) Mileage for car travel - public transport rates will be paid.
- c) Car sharing must be adopted wherever possible. Doctors attending the same conference or academic meeting will be granted travelling expenses on a pro-rata basis only.
- d) No taxi fares will be paid.
- e) Economy class air fair.

**Appeal**

If you wish to appeal against the decision you should address this to the Head of School for Clinical Academic Training., Health Education England working across the East Midlands.

## FUNDING APPLICATION – ACADEMIC FOUNDATION DOCTORS

Please complete this form in typescript or black ink

<b>PART I – APPLICANT’S DETAILS</b>		
Surname:	Forename:	Title:
Address:		Base Hospital:
		Bleep No:
E-mail Address:	Telephone Number: 07501015727	
Date commenced AF Post:	Date AF Post due to cease:	

<b>PART II – PURPOSE OF FUNDING</b>	
Please describe:	Venue:
Dates of study leave:	No. of Days:
<b>From:</b> <b>To:</b>	

<b>PART III – EXPENSES</b>		<b>£</b>
Any conference or meeting fees payable:		£
Travel Expenses: Total return Mileage:..... <b>OR</b> 2 <sup>nd</sup> or economy class return rail or air ticket		£
Accommodation: No. of nights bed & breakfast 2 nights		£
<b>TOTAL</b>		£

<b>PART III – PREVIOUS FUNDING (This must be completed)</b>			
<i>Please give details of funding applied for previously during your ACF Post</i>			
Dates:	Purpose:	Paid/unpaid?:	Financial grant:

<b>PART IV – ACADEMIC OR RESEARCH SUPERVISOR STATEMENT</b>

I have discussed this application for funding with the AF doctor and support this request.

Signature:..... Date: .....

Name: (Please print)..... Base:.....

Designation: .....

**CHECKLIST FOR APPLICANT**

- 1. Funding Guidelines have been read
- 2. ALL parts of the form have been completed including:
  - a) Academic or Research Supervisor's signature
  - b) Applicant's signature
- 3. Details of expenses have been entered, even if exact costs are not known.
- 4. Copy of conference or meeting details, programme and completed registration form are enclosed. (If applicable)

***NB – Applications without this information will be returned.***

**PART V - APPLICANT'S DECLARATION**

Applicants are referred to the Guidelines for Funding for Academic Foundation Doctors which are attached.

I certify that I have read the guidelines and that all the above information is correct.

Signature..... Date.....

**RETROSPECTIVE APPLICATIONS WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCES.**

**FOR UNIVERSITY OFFICE USE**

Approved:  Rejected:

Signed..... Date .....