**YORK TEACHINGS HOSPITALS NHS FOUNDATION TRUST**

**APPLICATIONS FOR ANNUAL EDUCATIONAL BURSARY AWARD**

**Funded by York Hospital Charitable Funds**

**\*\*ONLY 1 APPLICATION PER PERSON PER ROUND IS PERMITTED\*\***

***Incomplete forms or forms that exceed the word counts will not be accepted***

**Once complete please email your application form to sarah.sheath@york.nhs.uk by 13.00 10th April – late applications will not be considered**

**ASSESSMENT CRITERIA**

Applications for this funding will be judged by an independent committee consisting of York Teaching Hospitals NHS Foundation Trust staff and York Hospital Charity colleagues. This committee will put forward recommendations for ratification by York Hospital Charitable Funds Committee.

 The applications will be judged on the following criteria:

* Importance of the educational opportunity to the Individual, Directorate and the Trust
* Clear rationale for undertaking the educational opportunity
* Clear justification for funding
* Clear explanation of the impact of the learning opportunity to the individual and wider workforce
* Clear Dissemination Plans to spread new knowledge and best practice
* Attractiveness of the proposal for York Hospital Charity
* Funding unavailable from other sources

**THE TIMETABLE**

There will be one funding call per year, although in year applications will be considered if funds are available. Please contact Sarah.sheath@york.nhs.uk if you wish to apply within year to ensure funds are available before completing an application form.

|  |  |
| --- | --- |
| **Event** | **Date** |
| Application opens  | 12th March 2018 |
| Application Closes | 10th April 2018 (13.00) |
| Panel Meeting | 2nd May 2018 |
| Awards announced | By 9th May 2018 |

**1.0 Applicant Details**

|  |  |
| --- | --- |
| Applicants Full Name |  |
| Applicants Email Address |  |
| Applicants Phone number |  |
| Directorate |  |
| Applicants start date with the Trust |  |
| Type of Contract | **Fixed term/permanent#**  |
| Line Manager Name and Signature required for submission  | **Name****Signature** |

**# Only staff with permanent contracts are eligible to apply**

**What are you applying for funding for (course name and supplier)?**

**Funding limit required (in total and per annum (if applicable)?**

**What is the length of study?**

**2.0 Summary (approx. 500 words)**

*Please highlight why you are applying for funding, the rationale behind the request and any aspect of your request that which makes it attractive for this call and its fit to our remit using lay language. For example, what will be the benefit and impact to you, your patients and your colleagues (immediate and/or future) if you were offered funding, the originality of your application and why the committee should consider your application for funding over other applications?*

|  |
| --- |
|  |

**3.0 Background of the applicant (approx. 250 words):**

*How will this learning opportunity enhance your competencies and capabilities? Why is it important to you personally and where does it fit in your career plans, now and in the future. What do you hope to learn and what are the benefits and impact of this to you, your patients and colleagues?*

|  |
| --- |
|  |

**4.0 Rationale for Funding (approx. 250 words):**

*There needs to be clear aim and a purpose to all applications, so the committee can feel confident in releasing valuable funding, and will be able to measure success/impact of the application at the end of the funding period.*

|  |
| --- |
|  |

 **5.0 Dissemination (approx. 250 words):**

*How will you spread the knowledge learnt from this educational opportunity?*

**6.0 York Hospital Charity (approx. 250 words):**

*York Hospital Charity fund the extras to improve our healthcare facilities above and beyond the NHS making patients feel better pledge.  They support our staff to make the hospital experience the best it can be for all who visit and stay with us. Please state how your application for funding meets our charities remit.*

|  |
| --- |
|  |

**7.0 Funding**

*Please outline why funding is not available from other sources and what enquiries you have made to date to cover the costs of the opportunity you are wishing to take before approaching us. Have you been able to identify any contributions to the funding?*

|  |
| --- |
|  |

**7.1 Funding requested**

*Please detail the costs here, add rows as necessary.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Cost** |
| Course feesCourse costsTravel costsConference feesAccommodationOtherContributions already obtained |  |  |
| **Total** |  |  |

***Applicants will be expected to produce an annual report for the Committee to describe the progress made with any funded project and participate where appropriate with the annual*** ***Education Bursary poster session/lunch.***

***Incomplete forms or forms that exceed the word counts will not be accepted.***

**Signature of applicant: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OFFICE USE ONLY** |
| Date Received: | Date confirmation sent: | Unique application number: |