

**202**1 **Application Form**

**Rosemary Maguire Educational Bursary**

**Supported by the J. MacDonald Menzies Charitable Trust**

**This bursary is restricted to health or social care professionals working in Scotland. Please complete all sections fully.**

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| First Name: | Surname: |
| Job Title: | Work telephone No:  Email: |
| Line Manager’s Name & Full Work Address | FULL Work Address: |
| Title and location of Seminar/ Conference/ Training (delete as appropriate)  (Please attach any details about the event or training) | |
| Start date:    Completion date: | |
| Cost of Seminar/Conference and/or travel costs: (Please explain how you intend to use the bursary – course fees, accommodation or travel) | |
| What are your objectives in attending this course?  How will the new skills/knowledge you have acquired impact on your practice in caring for people with Parkinson’s  How will these benefit people with Parkinson’s? | |
| Applicant’s Signature: Date: | |

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| **FOR COMPLETION BY MANAGER**  How will this course benefit the individual’s practice and/or personal development?  How will this course benefit the wider Parkinson’s service within your work environment?  I undertake to ensure that the applicant attends the course, completes any coursework and contributes to our wider Parkinson’s service.  Name of Manager:  Manager’s signature: Date: |

**If your application is successful we will contact you to ask for BACS details. Please note that all our offices are currently closed and we are not able to send Cheques**

\* Please note that depending the amount requested and the circumstances, you may not be granted funding for the full amount that you request. People are welcome to get in contact for some discussion before submitting their application. Please contact Mary Ellmers on 0344 225 3723 or via the email given below