

APPLICATION FOR HEALTH & SOCIAL CARE BURSARY

**Scotland**

Rosemary Mcguire Educational Bursary

Application Form 2024

Please complete ALL sections FULLY – INCOMPLETE FORMS will be RETURNED

| First Name: | Surname: |
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| Job Title: | FULL Work Address: |
| Line Manager’s Name & Full Work Address | Work telephone No:  Email: |
| Title of Seminar/ Conference (delete as appropriate)  (details/cost/programme MUST be attached) | |
| Start date: Completion date: | |
| Cost of Seminar/Conference and/or travel costs: (details MUST be attached including 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 be useful in your present job?  How will these benefit your client(s) with Parkinson’s?  Applicants Signature: Date: | |

| **FOR COMPLETION BY MANAGER**  How will this course benefit the individual practice and/or personal development?  Benefits and/or the applicants department?  I will monitor the applicant’s attendance, completion and contribution to the ward/clinical area development.  Name of Manager:  Manager’s signature: Date: |
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| **If your application is successful we will pay you using BACS. Please add your details below**  Bank Account Name:  Bank Sort Code:  Bank Account Number: |
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IMPORTANT INFORMATION ABOUT OUR BURSARY SCHEME

For course / events or conferences that are sponsored by Parkinson’s UK or the Excellence Network we are unable to support applications for course fees. Applications can be made to support travel and accommodation costs in that instance.

For example, we provide sponsorship to a number of courses including the PD Masterclass & PD Foundation Class run by the Neurology Academy and NCORE run by the Derby Foundation trust. Please contact us for further information if you are unsure if you would qualify for a bursary to cover course fees.