

**SCHOOL OF MEDICINE**

**Application for Financial Assistance Form (2016-17)**

(Re-drafted 15.6.16-ASM)

**Application for Financial Assistance**

**Please download and complete a copy of this form. Do not update or amend the KLE version.**

**Use block letters/type, and read the relevant Guidance sheet before completing the form.**

**Please note that it may not be possible to make a decision with regard to financial assistance prior to the event taking place, dependent upon the timing of the application.**

**SECTION 1: CONTACT DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name / Year of Study | Name: | | | | 1 | 2 | 3 | 4 | 5 |
| Student email address/Mobile No. | Email: | | Tel: | | | | | | |
| Student Number (*8-digit number*) | Student Number: | |  | | | | | | |
| Base Site *(Please indicate your site)* | Keele | Shropshire | | Royal Stoke Hospital | | | | | |
| If presenting, site at which research was carried out. | Keele | Shropshire | | Royal Stoke Hospital | | | | | |
| PBL/CBL/CIL Group No: | GP Provider: | | | | | | | | |

**SECTION 2: ESTIMATED COSTS ASSOCIATED WITH CONFERENCE / COURSE**

(detailed on accompanying leave/absence form)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registration fee |  | | | | | |
| Travel (tick appropriate box) | CAR |  | TRAIN |  | OTHER\* |  |
| If OTHER\*, please give further details |  | | | | | |
| Accommodation |  | | | | | |
| Other (please state) |  | | | | | |

**SECTION 3: AUTHORISATION**

**This application has been discussed by the Conference Bursary****Group, at the meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (dd/mm/yy).

**The Committee has agreed to award this student the sum of £ XXX towards costs incurred in attendance at this event.**

**The Committee has declined to award financial assistance for this application.**

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|  |
| --- |
| ***AUTHORISED****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DD/MM/YY)    **Dr Carol Gray, Chair of Bursary Committee** |
| ***For OFFICE USE ONLY*** *(Conference Bursary Group Administrator)*  *Date Form received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Copy Form returned to Student □ Decision & amount recorded □ |

**SECTION 4: STUDENT DECLARATION**

My Year Lead (Years 1&2) or my Year Lead/Hospital Dean have agreed that my attendance at the conference on the accompanying Leave/Absence Form is educationally appropriate. I understand that it is my responsibility to make up for the time I miss away from the Medical School/my Clinical Placement. I will discuss a strategy for remediation of lost learning opportunities with the person who will be my Unit/Block Lead or Clinical Supervisor at the time I will be on leave, at least 14 working days’ in advance of when my leave will start, as specified on the Leave/Absence Form.

I wish to apply for financial assistance to attend this educational event.

I understand that the Conference BursaryGroup is working within a budget, and is unable to give awards to all applicants. If an award is made, it may not cover all costs, and I will be liable for all other costs. I also understand that the maximum bursary available to any student is £350 in any academic year.

**I have previously received financial support to attend an educational event. Yes / No**

If yes, give details of the date and amount of the award in the box below, box is self-expanding.

|  |
| --- |
|  |

**I declare that the information I have provided on this form is correct and complete.**

**SECTION 5: COMPLETING and SUBMITTING the FORM**

Forms should be submitted electronically. You are advised to retain a copy for your own records.

In order for this form to be submitted electronically and to be accepted by the School and University as a formal document, the form needs to include a digital signature. To ensure that this is the case, please follow the instructions shown below:

* TYPE your FULL NAME in the box provided
* Confirm your unique 8-digit student number
* Enter the date you are submitting the form
* Submit the form to [medicine.bursaries@keele.ac.uk] via your student email account. Remember to also submit a copy of your approved Leave/Absence Form.

Please note, forms returned via any other email account, or in person, will not be accepted.

**Full Name:**

**Student Number:**

**Date:**