**BGCS Travelling Fellowship**

**Application Form**

This fellowship is awarded to an established Gynaecological Oncology Practitioner and BGCS member to increase their knowledge and experience in the management of women with gynaecological cancers.

Please select the award for which you are applying:

|  |  |  |
| --- | --- | --- |
| Description  | Value of award | Select category |
| **Gynaecological Oncology Nurse Travelling Fellowship** | £1000 | □ |
| **Surgical Travelling Fellowship** | £1000 | □ |
| **Non-surgical Travelling Fellowship** | £1000 | □ |
| **RCOG/BGCS Subspecialty Trainee Travelling Fellowship** | £1000 | □ |

**CONDITIONS**

* Travel must take place within 12 months of the award being made.
* The award may only be used for the purpose outlined in your original application
* A detailed report (maximum 1,000 words), including figures/diagrams/pictures if necessary, must be submitted to the BGCS Awards Administrator within eight weeks after the elective/course
* Applicants must declare whether they have applied for other prizes/awards for the same spell of learning.

**TO APPLY:**

**Please send the following documents to the Awards Administrator by email (****administrator@bgcs.org.uk****). Applications received after the closing date will not be accepted.**

**Details of the closing date are available on the BGCS website (**<https://www.bgcs.org.uk/members-area/awards-grants-and-prizes/>)

* Completed application form
* Two references
	+ One from your line manager confirming their support and agreement for you to be released
	+ One from your organisations lead cancer clinician (or equivalent)
* A short CV (maximum of 2 A4 pages).
* You must be a member of the BGCS

**Your application will be judged on the following criteria:**

* Structure and clarity
* References
* Value to patients
* Value to the NHS
* Value to personal development

**SECTION 1**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Current appointment (Grade and Institution): |  |
| Work Address: |  |
| Correspondence Address (if different from above): |  |
| Telephone number: |  |
| Email address: |  |
| Date of birth: |  |

**SECTION 2**

**DETAILS OF TRAVEL**

|  |  |
| --- | --- |
| Details of Institution(s) to be visited: |  |
| Have you enclosed confirmation from the institution that your visit has been approved? (please tick) | YES □ NO □ |
| Estimated duration of visit: |  |
| Planned departure date: |  |
| Estimated travel costs including subsistence and accommodation: |  |
| Please list details of any other financial assistance being requested and/or obtained for the visit. |  |
| Please confirm if this project is entirely your own work: |  |

**SECTION 3**

**PURPOSE OF THE VISIT**

|  |  |
| --- | --- |
| Please list full details about the programme you wish to visit: |  |
| Please list your objectives for this visit: |  |
| Please explain how the benefits of this visit will be applied in your main place of work: |  |

**Please continue on a separate sheet if required**

**SECTION 4**

**REFERENCE**

**Please attach two professional character references from Fellows in active clinical practice separately, including how this award will benefit the applicant.**

REFERENCE 1

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Email address: |  |
| Telephone: |  |
| Relationship to applicant: | **Line manager** |

REFERENCE 2

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Email address: |  |
| Telephone: |  |
| Relationship to applicant: | **Lead cancer clinician (or equivalent)** |

**SECTION 5**

**How did you hear about this award? Please tick all that apply.**

|  |  |
| --- | --- |
| Word of mouth | □ |
| BGCS website | □ |
| BGCS email | □ |
| BGCS newsletter | □ |
| MDT communication | □ |
| Other (provide details) | □ |

**Data Protection**

**I agree that the information provided on this form can be used by the BGCS, and others working with them, for the purposes of the BGCS. I understand my right to ask to see the information held about me by the BGCS. For more information, see our Terms & Conditions.**

 **Yes No**

**Consent to Contact**

**I agree to be contacted by BGCS on matters relating to the Society and its activities.**

**Yes No**

**I understand that the grant may only be used for the purpose outlined in the original application and I confirm a written report will be submitted to the BGCS within 8 weeks after travel/completion of the project and that the grant will be acknowledged in any related publications.**

|  |  |
| --- | --- |
| **APPLICANT SIGNATURE** |  |
| **DATE** |  |