**BGCS Holistic Care Practitioner Bursary**

**Application Form**

This bursary recognises the significant role of non-clinical practitioners who provide support and therapies for gynaecological cancer patients living with and beyond their cancer diagnosis. The award is intended to support additional training to increase their knowledge, skills and experience in their care of gynaecological oncology patients.

Please select the award for which you are applying:

|  |  |  |
| --- | --- | --- |
| Description | Value of award | Select category |
| **Holistic Care Practitioner Bursary** | £400 | □ |

**CONDITIONS**

* Training must take place within the last 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 training/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**](mailto:adminstrator@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 a BGCS member.
* A short CV (maximum of 2 A4 pages).
* Confirmation from your host/trainer
* You application must be supported by a BGCS member

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

* References
* Value to patients
* Value to personal development

**SECTION 1**

**PERSONAL DETAILS**

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

**SECTION 2**

**DETAILS OF Bursary**

|  |  |
| --- | --- |
| Details of Institution(s) and/or training centres to be visited: |  |
| Have you enclosed confirmation from the institution that your visit has been approved? (please tick) | YES □ NO □ |
| Estimated duration of training: |  |
| Planned departure date: |  |
| Details and purpose of training: |  |
| Please list details of any other financial assistance being requested: |  |

**SECTION 3**

**PURPOSE OF THE VISIT**

|  |  |
| --- | --- |
| Please list full details about the purpose of the bursary: |  |
| Please list your objectives for this bursary: |  |
| Please explain how the benefits of this bursary 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 (at least one from a current BGCS member in active clinical practice) including how this award will benefit the applicant.**

REFERENCE 1

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

REFERENCE 2

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Email address: |  |
| Telephone: |  |
| Relationship to applicant: | **BGCS member** |

**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 award 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 award will be acknowledged in any related publications.**

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