

**The Royal London Hospital (Whitechapel) League of Nurses**

**Clare Mann Bursary Fund (incorporating Ida Latham Scholarship, Jill Garrard Fund, Chris Moran Fund, the Denise Barnett Bursary Fund)**

**Application Form**

**Prior to completing this form please read the following conditions**

* You need to have either trained at The Royal London Hospital (RLH) or have been in post at RLH for one year or more. Alternatively, you should be an existing member of the League of Nurses.
* Please include either your dates of training or the date you commenced your appointment at RLH
* You must include with your completed form a copy of your application for the proposed training/study that you are asking for support in funding
* Your line manager must sign the application form to show that they are in support of you undertaking the proposed training/study
* We will not fund training which is ordinarily funded by Barts Health Trust
* We will fund travel/accommodation and/or any incidental costs at the discretion of the Clare Mann Committee
* When completing the form please note that the section in which you explain why the course will be useful for your career and the benefit patients will be included in The Review. This is the League of Nurses annual publication for members.
* If you do not complete your training then you will be expected to repay the funds that have been awarded to you
* If you are not already then you are actively encouraged to become a member of the RLH League of Nurses. This will give you the opportunity to join our annual League meetings which include presentations around clinical topics
* In the event of a high number of grant applications then priority will be given to League members.

|  |  |
| --- | --- |
| **Please complete this form in full and then return either by e mail to** [c.comley@hotmail.co.uk](file:///C:\Users\44771\Documents\League%20of%20Nurses\Grants\c.comley@hotmail.co.uk)  **Or by post to Cath Comley, President, The Royal London Hospital League of Nurses, c/o 91 Queens Road, Buxton, Derbyshire SK17 7ER** | |
| **Surname** |  |
| **First Name** |  |
| **Home address** |  |
| **Telephone no.** |  |
| **E-mail** |  |
| **Current work place** |  |
| **Date of training at RLH OR date appointed to staff at RLH** |  |
| **Are you a current member of the League of Nurses? If yes what date did you join** |  |
| **Current employment** |  |

**Details of proposed course or study day/s**

|  |  |
| --- | --- |
| **Name of course/study days** |  |
| **Where will this be undertaken?** |  |
| **Please state briefly why this would be useful to your career and the benefits for patients** |  |
| **Length of study** |  |
| **Full or Part Time** |  |
| **Total cost of Course** |  |
| **If working is your line manager in support of you undertaking the proposed training?** |  |
| **Has your employer offered financial assistance? If Yes, please give details.** |  |
| **Please give details of any other financial help you have obtained.** |  |
| **If you have previously received a grant from the Royal London Hospital League of Nurses, please give details.** |  |
| **Banking details-account name, number and sort code** |  |
| **Please give the name, address, e-mail address of your line manager** |  |
| **Line manager signature and confirmation of support to undertake proposed training/study day/s** |  |
| **Signature of applicant** |  |
| **Date** |  |