

**The Royal London Hospital League of Nurses**

**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.
* Please include either your dates of training or the date you commenced your appointment at RLH
* You must include with your application 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
* One of the conditions of funding is that you agree to provide an article for The Review(approximately 500 words) and/or a presentation within six months of completing your training which we have provided financial support for
* Funding for further applications may be affected if you do not agree to this condition
* You are actively encouraged to become a member of the RLH League of Nurses. This will give you the opportunity to join our twice yearly meetings which include presentations
* 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

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| **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** | |
| **Please indicate which Fund you are applying for** | Clare Mann Jill Garrard (A&E)  Chris Moran (Surgical Nurses) Ida Latham (Theatre Staff) |
| **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** |  |
| **Please confirm that if you are successful in your funding application that you will provide an article for The Review and/or a presentation** |  |

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

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| **Name of course/study days** |  |
| **Where will this be undertaken?** |  |
| **Please state briefly why this would be useful to your career** |  |
| **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.** |  |
| **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** |  |