

# Learning & Education

# Bursary Scheme 2019 – 2020

### We would be grateful if you would complete the following questionnaire:

|  |
| --- |
| **How did you find out about the Bursary Scheme?**If more than one source - place in order with “1” as most important. |
| Line Manager |       |
| Previous Bursary experience |       |
| Colleague |       |
| Payslip |       |
| Flyer | Email |       |
|  | Noticeboard |       |
|  | Other – add comment below |       |
| StaffNet |       |
| Newsletter |       |
| Other – please state:       |

**I have read the Bursary Scheme Information Pack and agree to the provisions outlined in it:**

**Applicant’s signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** **\_\_\_\_\_\_\_\_\_\_\_**

*(or type if electronic)*

Should you have any questions please contact:

**Staff Bursary Administrator**, **email:Staff.Bursary@ggc.scot.nhs.uk**

**Tel: 01475 504339**

**Please note the Bursary is Paper Light. Please complete and send this application electronically wherever possible.**

|  |  |  |
| --- | --- | --- |
| Office Use Only | AppNo:       | Date Rcvd       |

**Section A**

**To be completed by the applicant** (Please type or use Black Ink)

|  |  |  |
| --- | --- | --- |
| **First Name:**  |       | **Last Name:**       |
| **Work Telephone :**  |       | **Home Telephone:** |       |
| **Email:** |       |
| **Home Address:** |       |
|  |       | **Town:**      |
| **Postcode:** |       |
| Applicants will be advised of the outcome of their application by email, to the email address notified above. If you would prefer to receive this in a paper copy to your home address, please confirm here: | [ ]  |
| **Payroll number:** |  | **Must be provided – starting G or C** |
| **Work in NHSGGC?** |  |
| **Pay Band or Grade:** |  |

**Section B**

**Must be completed by the applicant’s Line Manager** (Please type or use Black Ink)

|  |
| --- |
| I confirm that I support this application to the Staff Bursary Scheme (Note - applications that do not have the manager’s support will not be considered)[ ] Yes [ ] No |
| Where study leave is required in the applicant’s normal working time, has this been discussed and agreed? (Please confirm)

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |
| If yes, please give brief details: |       |
| Manager’s Full Name: |       |
| Telephone: |       |
| Email: |       |
| Directorate\*: |  |
| Sub-Directorate\* |  |  |  |
|  |  |

\*Or see list attached in Appendix

**Section B – Manager continues over page.**

**The following 2 questions must be completed by the applicants manager to support the application:-**

1. Please outline the service objectives that this application relates to :

1. How will this learning support the achievement of these objectives?

**Manager’s Signature:**       **Date**:

## *(or type if electronic)*

# **Section C**

**To be completed by the applicant** (Please type or use Black Ink)

**All** sections **must** be completed

|  |  |
| --- | --- |
| Job Title:  |       |
| Work Base: (Must be with NHSGGC) |       |
| Course/Qualification Title:  |       |
| Have you enclosed documentary evidence of the year of study from the education provider (**maximum 2 pages**) e.g. course syllabus, descriptor etc? |  |
| I confirm that this course starts between August 2019 and July 2020. (Only courses starting between these dates qualify – retrospective applications will not be considered) |  |
|  |  |
| Commencement date: |       |
| Total Duration of full Course(e.g. 3 years):  |       |
| Stage in This Year (e.g. 2nd year):  |       |
| Total Cost of **all** Course Fees:  | £       |
| Cost **This Year** (2019/20):  | £       |
| Method of Study (Open Learning/Evening/Day Release):  |       |
| Name of University/College or Training Provider:  |       |
| Student No (if known):  |       |

**Staff must explore all alternative funding sources prior to making this application. Please detail below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Funding Source** | **Have you applied?** | **If ‘*Yes’* – Outcome?** | **If *‘Not Applicable’* – Why?** |
| SAAS |  |       |       |
| Own Service Budget |  |       |       |
| Individual Training Account (Skills Development Scotland) |  |       |       |
| Other (please detail) |  |       |       |

###### Does this course require Study Leave during normal work hours?

 (Please indicate as appropriate):

###### If YES – please note that this needs to be negotiated separately with your line manager PRIOR to applying for Bursary Support

**Section D**

**To be completed by the applicant** (Please type or use Black Ink)

(You should read Appendix 1 – Guide to Application Questions – and discuss this application with your manager. Please respond to **all six questions**)

1. Why have you chosen this particular course of study? Please provide professional as well as personal reasons.

1. How does this course of study link to your most recent Development Review or Appraisal and your current PDP - Personal Development Plan (or your own objectives if no recent PDP)? Please provide specific examples, outlining why they are important.

1. How will you apply your learning to support appropriate NHSGG&C work objectives (e.g. local team / department or corporate service objectives)?

1. What positive changes would patients/customers in NHSGG&C see as a result of you undertaking this learning? Please provide examples.

1. How will you evaluate the learning from the course of study (including evaluation of the course of study as well as evaluation of the impact on the service as appropriate)? Please provide examples.

1. Please provide any additional information in support of your application.

**Application Checklist – Completing and Submitting**

|  |  |  |
| --- | --- | --- |
| Front Sheet | 1. Read the Bursary Scheme Information pack before completing the form
2. Sign (typed/electronic signature is fine) and date the form
3. Application form to be completed electronically where possible or using black ink
 | [ ] [ ] [ ]  |
| Section A | **To be completed by employee**1. All details must be entered
 | [ ]  |
| Section B | **This section of the application must be completed by manager** If this section is incomplete or is not supported by the manager, the application cannot be considered1. All details must be entered
2. The directorate and relevant subdirectorate are chosen from those listed (See Appendix)
3. Manager must sign (typed/electronic signature is fine) and date the form *(manager must be copied into the e-mail when submitting form)*
 | [ ] [ ] [ ]  |
| Section C | 1. All course details have been completed
2. Included summary evidence/information for your course of study – **2 pages max. Do not include any additional materials, e.g. job descriptions etc.**
3. If final cost for this year has not been confirmed yet – enter previous year’s cost and highlight this
4. Complete details of all sources of funding that you have explored/applied for and the outcome, even if this has not been confirmed
 | [ ] [ ] [ ] [ ]  |
| Section D | 1. Ensure you have answered all of the questions fully.

**This is a competitive process and funding decisions will be based on the information provided here.** | [ ]  |
| Submitting Your Application | 1. Keep a copy of your application form for your records
2. Completed application sent to staff.bursary@ggc.scot.nhs.uk. You MUST copy your line manager into this email. To avoid duplication do not post a copy of your application if you have sent it by email. If you need to post your application send it to:

Jacqueline JohnstoneStaff Bursary AdministratorEducation Centre – First FloorInverclyde Royal HospitalLarkfield RoadGreenock, PA16 0XN1. When we have received your application you will receive an application receipt with 5 business days. Please do not contact us prior to the 5 days as we will be very busy during this time. If you do not receive a receipt application within 5 business days, you MUST contact the Bursary Administrator
2. **Closing date is Friday, 31st May 2019. No late applications can be accepted.**
3. The Bursary Administrator can be contacted on staff.bursary@ggc.scot.nhs.uk or 01475 504339
 | [ ] [ ] [ ] [ ] [ ]  |

**Appendix**

**Directorate and Partnership Guidance List**

**It is essential that you indicate the Directorate and SubDirectorate for which you work by choosing one from the following list:**

**Acute**

North Sector

Clyde Sector

South Sector

Wide Role

Diagnostics

Regional Services

Women & Children’s

**Corporate**

Board Administration & Communications

Board Medical Director’s Office

Research & Development

Clinical Governance

Infection Control

Medical Education

Board Nurse Director’s Office

Child Protection

Community Engagement

Facilities

Finance

Planning & Policy

Health Information & Technology

Human Resources/Organisational Development

Prescribing & Pharmacy

Public Health

Staff Bank

**Health & Social Care Partnerships**

East Dunbartonshire HSCP

East Renfrewshire HSCP

Glasgow City HSCP – Headquarters

Glasgow City HSCP – NE Locality

Glasgow City HSCP – NW Locality

Glasgow City HSCP – South Locality

Inverclyde HSCP

Oral Health Directorate

Primary Care Support

Renfrewshire HSCP

West Dunbartonshire HSCP

Specialist Children’s Services

Prison Healthcare

Police Custody Healthcare

Tier 4 Forensic Services

Mental Health