

**Department of Medical Education**

**SAS DOCTORS' FUND - APPLICATION FOR FUNDING**

**PART A - PERSONAL DETAILS**

1.	Title (Mr/Mrs/Miss/Ms/Dr)	
2.	Surname:	
3.	Forenames:	
4.	Correspondence Address:	
5.	Work Address:	
6.	Daytime Telephone Number:	
7.	Email address: (most used)	
8.	Present Post and Grade:	
9.	Brief career details – please describe your career progress to date.	
10.	What efforts have you made previously to develop yourself? Please give brief details.	

**PART B - DETAILS OF PROPOSED USE OF FUNDS**

11.	On what are you planning to spend the funds, if allocated?	
12.	How much money are you applying for?	

**Department of Medical Education**

13.	Please state how much your programme is likely to cost, together with brief details of expenses.	
14.	What other financial support have you applied for or are likely to receive? (In relation to the reason for this claim?)	
15.	Why do you wish to study this particular subject? Please state the objectives that you wish to achieve, and/or outline what you hope to learn or gain.	
16.	In what way(s) do you feel that the experience and/or knowledge which you might gain from this project might:-  a) Benefit the NHS generally?  b) Help you to increase the contribution which you could make in your department?	
17.	Please state that you have included with your application, supporting documents from the course provider to confirm the course objectives, time available for completion and the fees.	

***PART C – APPLICATION ENDORSEMENT***

**To be completed by supporters/nominators from within the NHS**

(At least one supporter/nominator required)

(a)	I fully support this application because:	
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**Department of Medical Education**

	Signed:	
	Print name:	
	Date:	
	Title:	
	Department address:	

<b>(b)</b>	I fully support this application because:	
	Signed:	
	Print name:	
	Date:	
	Title:	
	Department address:	

	Signed (applicant):	
	Date:	

**Department of Medical Education**

Please return the application form (online & hard copies) to:- [Jamie.parker@glos.nhs.uk](mailto:Jamie.parker@glos.nhs.uk)

Jamie Parker  
Sandford Education Centre  
Keynsham Road  
Cheltenham  
Glos GL53 7PY

**Outcome:**

Application approved:		
Not approved:		
Date:		
Reason for non approval:		