**Application for a South West Occupational Health Nurse Group Bursary**

**1. Your details (PLEASE COMPLETE IN BLOCK CAPITALS)**

Surname/family name:

Forename:

Mr/Mrs/Miss/Ms

E-mail address:

Home Address (including postcode):

Home telephone number: Work telephone number:

Job Title: Place of Work:

Please give brief details of present post (attached CV will be accepted):

Have you previously applied for a bursary from the SW OHNG?

When was this application made?

Was an award made?

What was the award used for?

**2. Programmed study/book title**

Date of study : Book Title:

Breakdown of costs (please estimate where necessary)

|  |  |
| --- | --- |
|  | £ |
|  | £ |
| TOTAL | £ |

**3. How will the chosen programmed study or book request enhance or change your practice?**

 **4. How will this benefit your clients?**

**5. Professional Education** (since working as an Occupational Health Nurse or other relevant courses)

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of training institution | From (Month/Year) | To (Month/Year) | Title of Course |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. Further information**

Please give details of how your experience, skills and training are relevant to the programme of study/course together with any other information in support of your application (in no more than 200 words).

* Please enclose one copy of your completed application form.
* We regret we are unable to accept applications by fax or by e-mail.
* The committee may contact you for further information and/or informal interview.

I acknowledge that the decision of the committee is final.

Signed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_