# Career Development Bursary Application Form

**IMPORTANT: SUBMITTING AN APPLICATION**

**Applicants must submit an electronic emailed version** of the completed application including all accompanying documents:

* Application form
* CV (template available on the website)
* Course/Workshop programme
* A signed copy of The HIS Terms and Conditions form (please ensure you have read all Terms and Conditions

to: [grants@his.org.uk](mailto:grants@his.org.uk)

Subject: CDB Application from *(name)*.

Applications are treated as strictly confidential and may be subject to multiple phases of review.

**NOTES on completing this form:**

* The application form must not be altered in any way.
* Read all the notes carefully before completing this form. If a section has a word limit, it is indicated.
* **All boxes require information to be given. If a box is not applicable, please insert the phrase ‘N/A’. Do not leave any box blank.**

If you have any queries, please contact HIS on: +44 (0)20 7713 0273

**Introduction**

The Healthcare Infection Society (‘HIS’) is a UK registered charity, established in 1980 to foster the advancement of knowledge and education of all those who have an interest in the field of healthcare associated infections. Our mission is to provide healthcare professionals with the knowledge and tools they need to prevent, and control healthcare associated infections.

Infection Prevention and Control (IPC) is a scientific approach and practical implementation of methods to prevent harm caused by infection to both patients and healthcare workers. IPC is a multi-disciplinary field which has patient safety and healthcare quality at its core, but also uses evidence from microbiology, epidemiology, engineering and behavioural science. Healthcare associated infections are infections that develop as a direct result of a healthcare intervention or being in contact with a healthcare setting.

# SECTION 1: APPLICATION SUMMARY

## Section 1.1: Summary

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Title of CPD: |  |
| Dates of Course (if applicable) |  |
| Where is the course taking place? |  |
|  |  |
| **FULL Amount Requested (maximum of £2500)** | £ |
| Travel1 |  |
| fees1 |  |
| Accommodation1 |  |

1These expenses must be in line with the HIS travel and expenses policy

|  |  |
| --- | --- |
|  |  |
| **Type of CPD :** (Insert ‘X’ into relevant box, more than one category is acceptable) | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Face to face |  |  | Blended learning |  | | Other |  |  | Define ‘Other’ | | |

# SECTION 2: APPLICANT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** |  | | |
| Title and Full Name |  | | |
| Current Position |  | | |
| E-mail: |  | Telephone |  |
|  |  |  |  |
| **Work Address:** | | | |
| Room & Building: |  | Department: |  |
| University/Hospital |  | Street: |  |
| City: |  | County: |  |
| Postcode: |  | Country: |  |
| GMC/NMC or HCPC number |  | | |
| CCT or HCP Registration date: |  | | |

|  |
| --- |
| **Section 2.1: Qualifications**  Please list relevant qualifications (and date obtained) in chronological order |
|  |
| **Section 2.2: Postgraduate Career including Present Employment**  Please list your past and present posts in chronological order. |
|  |
| **Section 2.3: What are the key challenges you face in your clinical practice of IPC?** |
|  |

SECTION 3: ABOUT THE CPD

|  |
| --- |
|  |
| **Section 3.1: Please provide information about your chosen CPD including highlights and expected learning outcomes.** |
|  |
| **Section 3.2: Please indicate how the CPD will increase your knowledge and potentially influence your clinical practice.** |
|  |
| **Section 3.3 Please provide a breakdown of costs and justification of the account requested.** |
|  |

|  |  |  |
| --- | --- | --- |
| Section 3.4: Support from Other Sources Please indicate if funding for this CPD has been sought elsewhere. | | |
| **Will you attend the CPD with part-funding?** | | **Yes/No \*** |
| Has this CPD been funded (or part-funded)? | | Yes/No \* |
| If yes, indicate funding body/bodies: |  | |
| Amount, duration and end date of support: |  | |
|  | | |
| Is this proposal currently being submitted elsewhere? | | Yes/No |
| If yes, indicate funding body/bodies: |  | |
| Expected date(s) of decision: |  | |

# SECTION 4: ACCEPTANCE OF CONDITIONS

The following declaration is to be signed by theapplicant and Head of Department/Line Manager:

*I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them.*

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Signature of Head of Department or Line Manager: |  |

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions.

## SECTION 5: CHECKLIST

**NOTE: The electronic copy of the application form MUST reach us by the deadline.**

After completing the application form, complete the checklist below to ensure that everything is included with the application. Where applicable place an ‘X’ in the relevant box. If not applicable, please indicate that the item is not relevant to this application by inserting ‘N/A’.

|  |  |
| --- | --- |
| **ITEM** | **‘X’ or N/A** |
| Application form fully completed |  |
| Confirm that Section 7: Acceptance of Conditions has been signed by all |  |
| CV attached |  |
| Terms and conditions form signed and attached |  |
| Programme and/or information about the CPD |  |

Return your completed application to: grants@his.org.uk

All information contained within this application form will be treated by HIS as strictly confidential but note that we may rely on external referees to assess your application. Applications are sent to reviewers in strictest confidence.

Contact for any queries:

Dr Gemma Marsden

Telephone: 020 7713 0273

E-mail: grants@his.org.uk