Awards Application Form for study support for Southern Region members.

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| **What study day you are asking for financial support to attend?** |  |
| Proposal - what you hope to gain from the study event (250 words) |  |
| How much are you applying for? | Maximum £300 |
| Date From: |  |
| Date To: |  |
| Cost Breakdown |  |
| Total cost: | £ |
| Are you seeking Funding from any other source? | If Yes, Please give details and outcomes (if known): |

|  |  |
| --- | --- |
| **Your Current Post** |  |
| Job Title: |  |
| Start Date (Month & Year): |  |
| Name and Address of Employer |  |
| Brief Description of Current Responsibilities |  |
| **Previous Employer** |  |
| Name and Address of Previous Employer |  |
| Grade |  |
| Dates: |  |

|  |  |
| --- | --- |
| Biographical Details |  |
| BACCN Membership Number: |  |
| Title: |  |
| First Name: |  |
| Surname |  |
| Your Address: |  |
| Telephone Number: |  |
| Email: |  |

Your Proposal

Your proposal should be no more than 250 words, double-spaced and without your name on as applications are anonymised for judging. You should aim to demonstrate how your proposed grant/scholarship will:

* Have a positive impact on clinical practice
* Improve the patient experience
* Contribute to personal and professional development
* Advance the art and science of critical care nursing

Please email your completed form and your proposal to [support@baccn.org](mailto:support@baccn.org)

**\*Applications cannot be accepted for degree courses, postgraduate studies or salaries. Please refer to terms & conditions in the Grants & Scholarship section of the site.\***