

**Application Form for NHS Scotland
Orthoptics Bursary Scheme for Students
Up to £1,500 per individual is available**

Please complete and return this form by 5pm, Friday 25th April 2014

to:

Vicki Mitchell, Project Co-ordinator
NHS Education for Scotland
2nd Floor, 102 Westport
EDINBURGH, EH3 9DN

or via e-mail to: Vicki.mitchell@nes.scot.nhs.uk

(please ensure copies are scanned to include signature or followed up with a signed hard copy)

Please note that a signed hard copy or signed scanned electronic copy of the application must be received by:

5PM ON FRIDAY 25TH APRIL 2014

**ANY APPLICATIONS RECEIVED AFTER THIS DEADLINE WILL
NOT BE CONSIDERED**

(For office use only)

APPLICANT REFERENCE NO: _____

APPLICANT REFERENCE NO: _____

APPLICATION FORM FOR NHS SCOTLAND ORTHOPTICS BURSARY SCHEME FOR STUDENTS

1.	Your Contact Details		
TITLE:			
SURNAME:		FIRST NAME:	

UNIVERSITY:	
YEAR:	

TERM-TIME ADDRESS:			
TELEPHONE:		MOBILE NO:	
FAX:		UNI.EMAIL	

HOME ADDRESS:			
TELEPHONE:		MOBILE NO:	
FAX:		PERSONAL EMAIL:	

2.	*Have you undertaken any practice education placements in NHS Scotland? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please give details:

APPLICANT REFERENCE NO: _____

3.	*Are you prepared to undertake practice education placements in NHS Scotland? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please give details:

4.	*Have you specified Scotland for your elective period? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please give details:

***NES is aware that placements are allocated by the university not chosen by students**

5.	* Are you receiving funding or a bursary from anywhere else? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please give details:

APPLICANT REFERENCE NO: _____

6.	If you are in receipt of funding or a bursary does it commit you to work elsewhere?
	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give details:	

7.	Please provide Contact Details of one <u>ACADEMIC</u> Referee		
TITLE:			
SURNAME:		FIRST NAME:	
JOB TITLE:			
ADDRESS:			
TELEPHONE:		FAX:	
EMAIL:			

8.	Please provide Contact Details of one <u>CHARACTER</u> Referee, who ideally has known you for at least two years and who is <u>not</u> a relative		
TITLE:			
SURNAME:		FIRST NAME:	
ADDRESS:			
TELEPHONE:		FAX:	
EMAIL:			
IN WHAT CAPACITY DO YOU KNOW THIS REFEREE?			

APPLICANT REFERENCE NO: _____

13.	Why have you chosen to become an orthoptist?

14.	Please indicate any special areas of interest you have developed during your studies.

15.	Please state your reasons for wanting to be considered for the NHS Scotland Orthoptist Bursary (please continue on a separate page if necessary).

Applicant signature:	
Date:	

APPLICANT REFERENCE NO: _____

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Date received in office:

All criteria met: Yes No

Date of panel assessment:

Outcome of panel assessment:

If approved, amount to be granted: