

APPLICATION FORM FOR ACB SCOTLAND REGION FUNDING

Please ensure that ALL relevant sections are completed, failure to do so will result in your form being returned and a delay in your application being processed. Please return completed form to susan.johnston3@ggc.scot.nhs.uk (ACB Scotland Region treasurer)

1. APPLICANT'S DETAILS:

FIRST NAME:

SURNAME:

JOB TITLE:

DEPT:

GRADE/PAY BAND:

CONTACT EMAIL ADDRESS:

HOSPITAL:

ACB MEMBERSHIP NUMBER:

(must be a current member)

2. DETAILS OF DEVELOPMENT PROGRAMME (e.g. course, conference, seminar etc).

- Please note that requests for funding will not usually be accepted unless other sources of funding, including your local health board and any personal training budgets (if trainee), have been applied to and the applications rejected.
- Requests for funding conference attendance must be accompanied by proof of abstract acceptance (oral or poster presentation).
- Funding for poster printing is not provided.
- Successful applicants must write a report for the ACB News on the conference/course attended.
- Successful requests are usually capped at £500 per applicant.
- Provision of funding will preclude further applications from the applicant for the next 2 years.
- Awards are made at the discretion of the Scottish Region committee, and all decisions are final.

CONFERENCE/COURSE/PROGRAMME TITLE:

START DATE:

END DATE:

ORGANISER/PROVIDER:

LOCATION:

I have already applied to department for funding and been rejected:
Applicable

YES / NO / Not

I have already requested funds from my training budget and been rejected
/ Not Applicable

YES / NO

Please give details of why above application(s) rejected, if applicable:

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I confirm I have been allocated study leave or will use annual leave for attendance
/ Not Applicable

YES / NO

3. FUNDING APPLIED FOR:

	DETAILS	COST (GBP)
Programme/registration costs		
Travel costs		
Accommodation costs		
TOTAL COSTS		

- All successful applicants will need to complete an ACB Travel Expenses form (available on the ACB Website) for reimbursement. If successful, please retain all original receipts for presentation to the ACB Office.

Applicant's Signature: _____ **Date:** _____

4. ACB SCOTLAND REGION COMMITTEE USE ONLY

Date of discussion at ACB Scotland Region committee meeting:

Approved by (please print & sign): _____ **Date:** _____

Or: Not approved

Reason for not approving:

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