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| **THE WORSHIPFUL COMPANY OF CURRIERS MILLENNIUM BURSARY****APPLICATION FORM** |
| **Applicants should first read the Notes for Applicants**, which contain all the information necessary to make a detailed submission to the Trustees, and also provide guidance on how the project is to be conducted. Applications which are not submitted in the format below will not be accepted.  *Applications must be word processed on this document. Please type in the clear cells only; the grid will expand to accommodate your entries. However, a concise application will be applauded!* |
| Send by email (un-signed) to:*millennium@curriers.co.uk*Then send a signed hard copy to: >>>>>>>>>  | *Christabel Russell Vick**136, Colwith Road**Hammersmith**London, W6 9EZ* |
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| **Project short title** |
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| **Total amount of funding sought** | £ |
| **Name & title of lead applicant and primary correspondent** |  |
| **Specialisation & current position held** |  |
| **Name of co-applicant** (*if applicable*) (*Not more than one co-applicant should be given*.) |  |
| **Specialisation & current position held** |  |
| **Current employer/organisation** |  |
| **Brief description of your project*:*** *In not more than 3 sentences state: your main aim, subject field, whether training or research, and desired outcome.*  |
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| **Address for correspondence with lead applicant:** |
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| **Daytime telephone number** | 0 |
| **Mobile** | 07 |
| **Email address** |  @ |

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| **Name & address of a suitably qualified person who is prepared to act as an independent mentor or supervisor of the project.** *In the case of a course of academic study, please give the name of your academic supervisor (if known at this stage).* *If the project is not intended to lead to an academic award, this should be your line manager who should address a short statement of support directly to the Hon Sec at the time of application, making it clear that he or she is supportive of the project and will be prepared to act as a mentor, to advise as necessary and ensure timely completion.* |
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| **Daytime telephone number** | 0 |
| **Email address** | @ |

*If applicable:*

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| **Name of co-applicant** |  |
| **Specialisation & current position held** |  |
| **Current employer/organisation** |  |
| **Co-applicant's address** |  |
| **Daytime telephone number**  | 0 |
| **Mobile** | 07 |
| **Email address** | @ |

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| **Please insert a brief current CV and that of your co-applicant, where applicable, at the end of this application form (2 pages maximum for each).** |

**The Project** (*Please complete as many sections as possible*)

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| **Please provide an outline summary of your project and why you require funding support.** |
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| **What is the rationale for your project?** *Why do you want to undertake the project? Have you undertaken a literature review of the subject? What previous work has been done in this area?* |
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| **What makes your project Innovative?** *What is new, exciting or different?* |
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| **In what way does your project reflect local and /or national public health targets?** *It is not essential that it does so but please make it clear either way* |
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| **What is the aim of your project?** *What do you want to achieve*? |
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| **What are the project objectives?** *Are the project objectives SMART? (Specific, Measurable ,Achievable, Realistic, Timely)* |
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| **How do you plan to implement your project?** *This should detail the timescale for each stage of the project.* |
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| **Which indicators will you use to monitor your project?***How will you ensure that the project remains on track* |
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| **Do you anticipate any particular problem areas in the implementation or delivery of your project?** *How will you address these?* |
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| **How do you expect clients/patients to benefit from your project?** |
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| **How many clients/patients do you expect will gain from this project?** |
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| **Is the project multi disciplinary/multi agency?** *Detail disciplines and their expected involvement* |
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| **How do you plan to disseminate results of your project?** *How are you going to let others know about your work?* |
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| **How much funding do you require?** *Realistic and detailed breakdown of costing (or estimates) must be included. Any other sources of funding obtained should be clearly identified, including any from your employer.* |
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| **Is ethical approval required?** *Please indicate. If ethical approval is required, please indicate if this is being sought or has been granted. Funds will not be released to successful applications until ethical approval has been granted.* | **YES / NO** |
|  |
| **Is your Disclosure & Barring Service check current?** *(Formerly CRB check - where applicable)* | **YES / NO** |
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| **Please confirm that your employing organisation has safeguarding policies in place for children, young people and vulnerable adults.** | **YES / NO** |
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| **Where did you hear about the Curriers’ Millennium Bursary?**  |
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**Check list:**

Please check that you have collated all relevant documents required:

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| Application form |  |
| CV *(one for each applicant to be pasted at the end of this document)* |  |
| Mentor/Line Manager’s statement of support *(to be forwarded separately direct to the Sec)* |  |

*By signing below you agree to allow the Curriers’ Company to communicate with you by the means given in this form above and, if successful in your application, to list your project on the website of The Worshipful Company of Curriers and in other publicity material relating to its Millennium Health Care Bursary.*

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| **Signature of applicant**  | Date: |

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| **Signature of co-applicant** *(where applicable)* | Date: |

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| **Data protection:** *Your privacy is important to us, and we will NOT pass your contact details to any third party. The Curriers’ Company will use the information provided on the application form to process the proposal and manage any grant awarded. It will also use the information to communicate with you. By providing us with your information, you consent to us using it for the purposes outlined above.* |

**Insert CV(s) here:**